MAQUET

ALPHAMAXX

1133.12B1/B3/ F1/F3

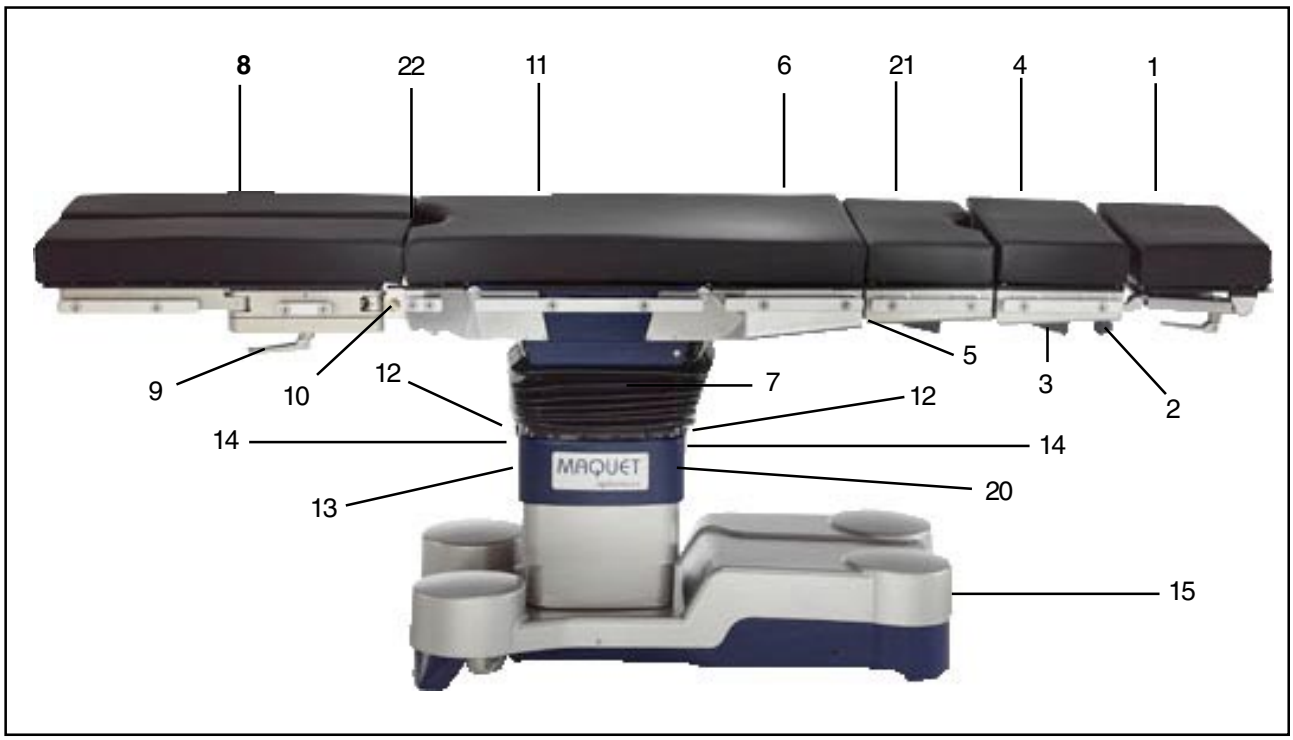
Operating instructions

Universal operating table

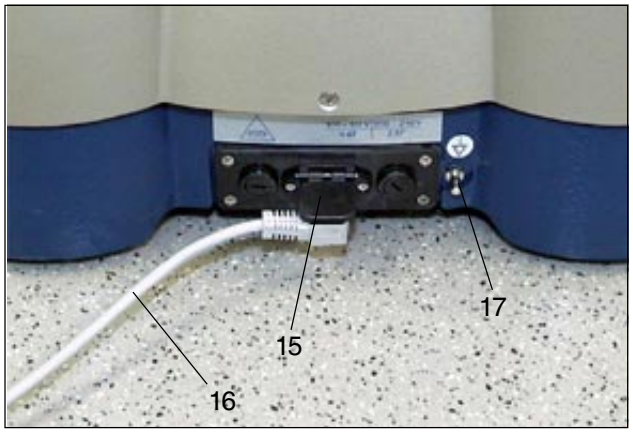
English

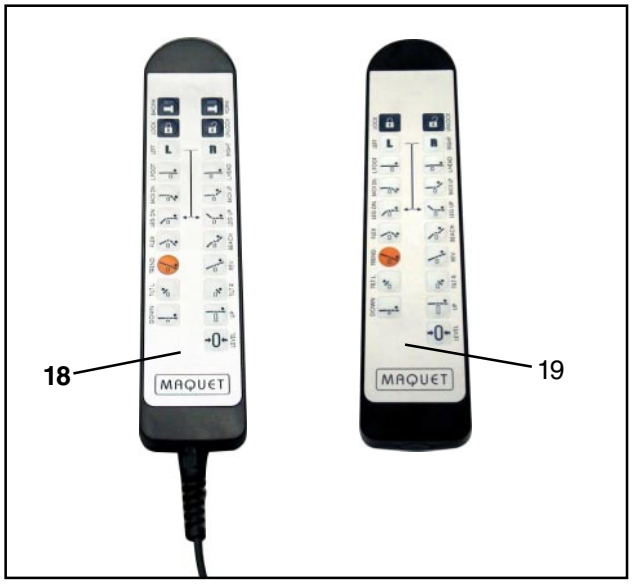
CE

GA113312EN02



Pictorial guide





1. Head plate (e.g. 1130.64)
2. Fastening screws for head plate
3. Locking lever for extension segment 1131.31XX
4. Locking lever for extension segment 1131.31XX (optional)
5. Mounting point for back plates
6. Lower back plate
7. Bellows
8. Leg plates 1133.53XX (optional)
9. Locking lever for leg plate abduction
10. Unlocking of leg plates
11. Seat plate
12. Infrared receiver and transmitter
13. Override system with status indicators for operating table (on the rear)
14. Sockets for corded hand control and foot switch
15. Socket for mains cable
16. Mains cable
17. Potential equalization
18. Corded hand control (optional)
19. IR remote control (optional)
20. Interface for servicing (on the rear)
21. Seat plate extension 1131.55XX (optional)
22. Mounting point for leg plates

Table of contents

Pictorial guide **2**
I. Important safety notes **5**
II. Important information **7**
1. Important information on these operating instructions: 7
2. Intended use of an operating table 7
3. Intended purpose: 7
4. Fundamental safety aspects 7
III. General description **8**
1. General features 8
2. Control of functions 9
2.1 Corded hand control 10
2.2 Override system = emergency operation 11
2.3 IR remote control (optional) 13
2.3.1 IR system code 14
2.3.2 Charging station 15
2.4 Control via IR wall control panel 15
2.5 Control via foot switch 1009.81DX (optional) 16
2.6 „Neurolock“ function 16
3. Table top 17
3.1 General features 17
3.2 Mechanical adjustments 18
3.2.1 Mount / remove the head plate 18
3.2.2 Extension segment 1131.31B0/F0 23
3.3 Collision protection at the leg plate mounting point 24
3.3.1 Seat plate extensions 25
3.3.2 Leg plates 26
3.4 Table top padding 27
3.5 Accessories 27
4. Autodrive in the base 28
IV. Use of the operating table **29**
1. General 29
2. Operation on battery power 29
3. Operation on mains power 30
4. HF surgery, use of defibrillators 30
V. Patient positioning **31**
1. General 31
2. Positioning a patient weighing between 225 kg and 450 kg (500 lb - 1000 lb) 33
2.1 Approved accessories 33
2.2 Operating table immobilized (LOCK) 33
3. Positioning a patient weighing between 135 kg and 225 kg (300 lb - 500 lb) 34
3.1 Approved accessories 34
3.2 Operating table not immobilized (UNLOCK) 34
3.2.1 NORMAL patient orientation / operating table not immobilized (UNLOCK) 35
3.2.2 REVERSE patient orientation / operating table not immobilized (UNLOCK) 36
3.3 Operating table immobilized (LOCK) 37
3.3.1 NORMAL patient orientation / operating table immobilized (LOCK) 37
3.3.2 REVERSE patient orientation / operating table immobilized (LOCK) 38
4. Positioning a patient weighing up to 135 kg (300 lb) 39
4.1 Approved accessories 39
4.2 Operating table not immobilized (UNLOCK) 39
4.2.1 General 39
4.2.2 NORMAL patient orientation / operating table not immobilized (UNLOCK) 40
4.2.3 REVERSE patient orientation / operating table not immobilized (UNLOCK) 41
4.3 Operating table immobilized (LOCK) 42
4.3.1 NORMAL patient orientation / operating table immobilized (LOCK) 42
4.2.2 REVERSE patient orientation / operating table immobilized (LOCK) 43

VI. Care and maintenance 44
1. Cleaning 44
2. Disinfection 44
3. Maintenance 45
4. Malfunctions 45
5. Environmental protection 46

VII. Technical specifications 47
1. Operating table adjustments 47
2. Electrical specifications 47

VIII. List of accessories 48

1. Accessories for head-side mounting point: 51
1.1 For patients weighing up to 450 kg (1000 lb) 51
1.2 For patients weighing up to 225 kg (500 lb) 51
1.3 For patients weighing up to 135 kg (300 lb) 51

2. Accessories for the back plate mounting point 52
2.1 For patients weighing up to 450 kg (1000 lb) 52
2.2 For patients weighing up to 225 kg (500 lb) 52
2.3 For patients weighing up to 135 kg (300 lb) 52

3. Accessories for leg plate mounting point 52
3.1 For patients weighing up to 450 kg (1000 lb) 52
3.2 For patients weighing up to 225 kg (500 lb) 52
3.3 For patients weighing up to 135 kg (300 lb) 52

4. Accessories for side rails 53

5. Special-purpose accessories 54

6. Control units 54

IX. Spare parts list 55

I. Important safety notes

Mount only the accessories listed in chapter VIII.

Make sure the operating table is set up horizontally and that it is stable.

Immobilize the operating table prior to use! Press the LOCK button!

Immobilize the operating table prior to transferring the patient! Press the LOCK button!

The patient may be transferred only from the side of the operating table. If the patient is transferred from head or foot end, there is a danger of tipping over!

Injury hazard!

If the patient is not secured during transportation, when adjusting the operating table or when positioning the patient (particularly when the slope feature is used), then the patient could slip, uncontrolled, off the operating table. Always secure the patient and maintain continuous observation.

Hazard of burns to the patient!

When using HF surgical equipment, defibrillators and defibrillation monitors, make sure to avoid that the patient comes into contact with metal parts of the operating table, the table tops or the accessories. Also make sure to avoid that the patient is lying on moist underlays or sheets on the conductive pads.

Be absolutely sure to comply with the manufacturers operating instructions!

Hazard of damage!

Avoid any collisions between the accessories and the operating table during adjustment procedures!

Consult MAQUET prior to using accessories produced by other manufacturers if they affect the longitudinal geometry of the table top.

There is no explosion protection while recharging the batteries or when the operating table is on mains power.

When connecting or removing the mains cable, observe the correct order of the procedure! (See page 22)

Avoid endangering the patient's respiratory system, nerve pathways and circulatory system by ensuring the patient is properly positioned and observing the patient's condition.

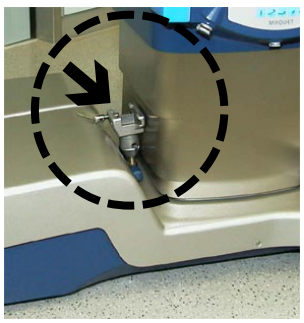
The operating table's electrical conductivity has to be checked once a year! This check should be performed only by trained servicing personnel.

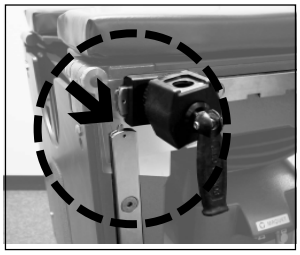
Before opening the equipment, disconnect the mains plug.

Electrical devices (e. g. cellphones, radios, magnetic resonance tomographs) can interfere with the functioning of the operating table when used near the operating table.
Please observe the Technical Description for the operating table.
It contains imformation on electromagnetic compatibility (EMC) for the operating table (both radiation and resistance to interference).
Adhere to those specifications when using electrical devices and respond properly in the event of effects on your operating table.

Hazard of pinching and crushing!

Collision hazard!





Injury hazard!

Before aligning the leg plates horizontally, check the patient's position carfully, particularly when using knee crutches.

Hazard of pinching and crushing!

Do not touch the side rails in the area of the joints when adjusting the table top.

Hazard of pinching!

Do not reach under the table top or between the table top components during adjustment procedures.

Hazard of pinching and crushing!

When immobilizing the operating table (LOCK), the operator's feet may be crushed or shorn. When setting the operating table, keep enough distance from the table base.

Hazard of damage!

Do not place any objects on the operating table base.

Hazard of damage!

Do not press or pull on the covers of the joints.

Hazard of damage!

Make sure the cable of the hand control does not get jammed when adjusting the operating table.

II. Important information

Your hospital has opted for the 1133.12 operating table. We appreciate the confidence you have placed in us.

1. Important information on these operating instructions:

- Please read these operating instructions completely and carefully. They were written to familiarize you with the features of this operating table.
- Be sure to always follow the instructions given here.
- Always store these operating instructions near the unit.
- In these operating instructions we have used the following symbols:

This symbol identifies information which is critical for safety as described in the international standard applicable to the field of medicine.

➔ **Note**

This symbol precedes all notes which will help to avoid operational difficulties.

X An “X” in the order number (e.g. 1133.53XX) stands in place of the different versions.

2. Intended use of an operating table

The operating tables distributed by MAQUET are to be used exclusively in the field of human medicine. Before the equipment is used, all users must be instructed in its proper use. This familiarization session is confirmed in an acceptance log. The location selected for the table must conform to the applicable standards and guidelines. Before using the equipment, you must be absolutely certain that it is properly installed and maintained.

3. Intended purpose:

The operating table 1133.12 is used to support and position a patient for surgical treatment

- immediately before, during and after the operative phase,
- in rooms used for medical purposes which fulfil the following requirements:
  - equipment to protect against electric shocks
  - additional potential equalization
  - electrically conductive floor (corresponding to Group 1 or 2 as per VDE 0100 Part 710)
- under medical supervision.
- A max. patient weight of 450 kg (1000 lb.) is permissible in certain circumstances.
  Avoid excentric patient positions, i.e. the patient’s centre of gravity (near the navel) must be as close as possible to the centre of the column.

The design of the table top makes the operating table suitable for every surgical discipline. The positioning options are listed in the operating instructions.
The adjustments are made electrohydraulically using the corded hand control, the IR remote control, the IR wall control panel or a foot switch.
Side rails are used to mount accessories, in accordance with the manufacturer’s instructions.
The radiotranslucent operating table top allows for intraoperative use of X-ray equipment.

➔ **Note:**

In accordance with generally accepted hygiene standards, the operating table top is to be covered with surgical drapes during use.

4. Fundamental safety aspects

This operating table meets the requirements set forth in the IEC 60601-1 international standard which is equivalent to DIN VDE 0750, Part 1.
The operating table is classified as a Class I equipment according to the Medical Device Directive.
Whenever maintenance work is required, remember that the MAQUET Service Department is the right address in terms of quality and maintaining guarantee protection. You will certainly understand that MAQUET can be held responsable for the safety technology features only if assembly, enhancements, readjustment, modifications and repairs are made exclusively by our service department or by an authorized agent and if the unit is full in full compliance with the operating instructions.

Fig.III-1: The preferred patient orientation

Fig.III-2: Warning sign for table top height

III. General description

1. General features

In princliple, the operating table **1133.12 ALPHAMAXX** is suitable for the following surgical procedures:

- in the thorax and abdominal areas
- in the head area
- in gynaecology
- in urology
- in orthopaedics

If required, separate accessories can be attached to the operating table.

The table top is subdivided into 6 sections:

- head plate (removable)
- upper back plate (removable)
- lower back plate
- seat plate
- split leg plates

The lower back, seat and leg plates are adjusted under motor power.
The head plate and the upper back plate are adjusted manually.

X-ray cassettes can be inserted underneath the back plate.

The side rails are used to attach accessories.

⚠ For patients weighing up to 135 kg (300 lb), place the operating table on its castors (UNLOCK) only up to the maximum table top height of 940 mm (37 in)! The warning sign is not seen!

⚠ For patients weighing between 135 kg and max. 225 kg (300 - 500 lb), place the operating table on its castors (UNLOCK) only when the table top is in its lowest position.

⚠ Using the UNLOCK function for patient weights exceeding 225 kg (500 lb) is not permissible.

1.1 Versions

Various versions of the operating table 1133.12 are available.

1133.12B1	Operating table incl. SFC padding and standard side rails
1133.12B3	Operating table incl. SFC padding, standard side rails and autodrive in the base
1133.12F1	Operating table incl. SFC padding and US side rails
1133.12F3	Operating table incl. SFC padding, US side rails and autodrive in the base

The corded hand control, the IR transmitter, the charging station for the IR transmitter as well as head plates, upper back plates and leg plates are to be ordered separately. The order numbers are listed in chapters VIII and IX.

2. Control of functions

The electrohydraulic functions of the operating table can be activated using one of the following control elements:

- Corded hand control (see 2.1)
- Override system = emergency operation(see 2.2)

or optionally via:

- IR remote control (see 2.3)
- Wall control panel (see 2.4)
- Foot switch (see 2.5)

The corded hand control and the IR remote control have almost the same function buttons.
The override system is used only for emergency operation of the operating table.
The foot switch functions are: operating table height, Trendelenburg/reverse Trendelenburg and another function (lateral tilt, longitudinal shift, back plate or leg plate adjustment)

➔ **Note:**
For safety reasons, only the following functions can be used when the UNLOCK function is activated: TRENDELENBURG and REVERSE TRENDELENBURG.

The sockets (**14**) for the corded hand control and the foot switch are located on the override panel.

➔ **Note:**
If the functions are controlled simulataneously by more than one operating element, each movement of the operating table is stopped immediately.

⚠ **Hazard of operating table tipping over!**
Make sure to remove any potential hindrances before adjusting the operating table!

⚠ **Hazard of damage during adjustments!**
Do not place any objects on the operating table base.

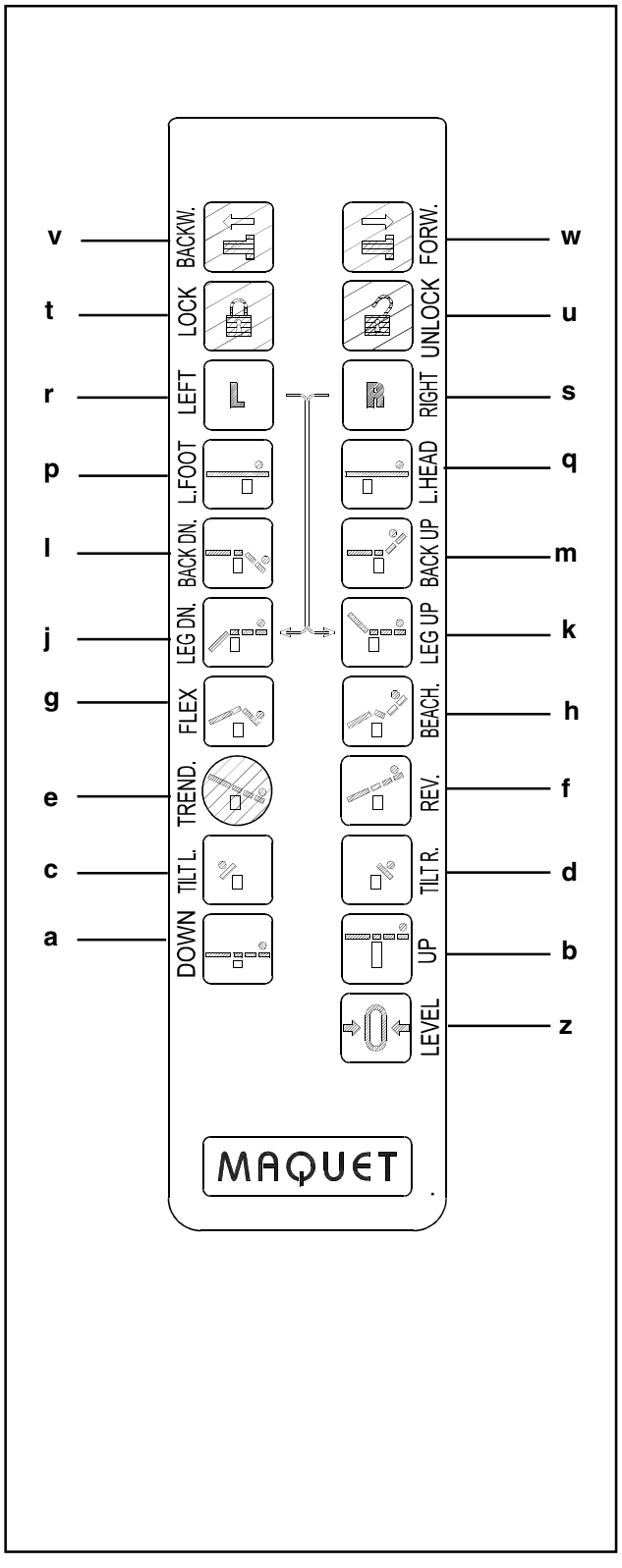
⚠ **Hazard of pinching!**
Do not reach under the table top or between the table top components during adjustment procedures.

⚠ **Injury hazard!**
If the patient is not secured during transportation, when adjusting the operating table or when positioning the patient (particularly when the slope feature is used), then the patient could slip, uncontrolled, off the operating table. Always secure the patient and maintain continuous observation.

⚠ **Hazard of damage!**
When not in use, hang up the corded hand control at the side rail of the operating table.
Make sure the cable of the hand control does not get jammed when adjusting the operating table.

2.1 Corded hand control

The corded hand control is connected to the operating table at one of the two sockets (**14**) (for simultaneous connection of corded hand control and foot switch) on the override panel (**13**). The electric motor-powered adjustments of the operating table can be made immediately by pressing down the corresponding function button.



a) Table top ***down***

b) Table top ***up***

c) Tilt ***to the left*** (view from head end)

d) Tilt ***to the right*** (view from head end)

e) Trendelenburg position

f) Reverse Trendelenburg position

g) ***Flex*** position
Activates the functions *reverse Trendelenburg* and *back plate down* until a flex position is reached to force the surgical field upward.

h) ***Beach chair***
Raises the back plate, moves the entire table top into the Trendelenburg position and lowers the leg plates. The patient is moved into a seated position.

j) Slope (both) leg plates ***downward***

k) Slope (both) leg plates ***upward***

l) Slope (lower) back plate ***downward***

m) Slope (lower) back plate ***upward***

p) Shift table top ***toward the foot end***

q) Shift table top ***toward head end***

r) Adjust the left leg plate individually
The left leg plate can be controlled individually only in conjunction with the appropriate function button for the desired movement, either downward (r+ j) or upward (r + k), under two-button control.

s) Adjust the right leg plate individually
Analogous to the control for the left leg plate, individually downward (s + j) or upward (s + k), under two-button control.

t) ***Lock***
Press the LOCK button for at least 1 second: the table will be immobilized **automatically**.

u) ***UNLOCK***
To unlock the operating table, press the UNLOCK button for at least 1 second, then the castors will be extended **automatically** and the table can be displaced.

v) ***Autodrive in the base*** 1133.12B2 (optional)
Displace the operating table ***backward*** (toward the head end).

w) Displace the operating table ***forward*** (toward the foot end).
When displacing the operating table under motor power, it must be guided with one hand.

z) 0-position
Resets the lateral tilt, Trendelenburg/reverse Trendelenburg, back plate and leg plate adjustments to the horizontal position. If the function button z is pressed, the operating table top will first reset the adjustments in the following order: lateral tilt, Trendelenburg/reverse Trendelenburg, back plate. An acoustic signal will indicate that these adjustments have been reset. Release the function button z and press once again to reset the leg plates to the horizontal position; if the leg plates have been adjusted individually, they will be positioned in parallel to one another.

➔ **Notes:**
Manual adjustment functions such as those for the upper back plate, head plate and leg plate abduction will not be affected by the IR remote control (and, as a consequence, neither by the automatic 0-position function).

➔ The transmission power for the IR remote control ist sufficient to operate the draped operating table even from a greater distance. If the desired adjustment is not executed by the operating table, even though a function button is depressed completely, then you should re-aim the hand control or move to another position in the OR. In such cases the receiver is probably being blocked by a person's body.

13

Fig.III-4: Override control panel

2.2 Override system = emergency operation

2.2.1 Override control panel

In case of a malfunction or if the hand control is defective, you can control the operating table functions via the control panel (**13**) on the upper column casing (emergency operation).

➔ **Note:**
Always press the ON button together with the desired function button.

➔ **Note:**
If the operating table batteries are discharged, the override system will only work when the operating table is connected to the mains.

➔ **Note:**
When using the override control panel, the collision protection feature is not activated. Avoid extreme adjustments - the combination of maximum Trendelenburg/reverse Trendelenburg position and maximum lateral tilt.

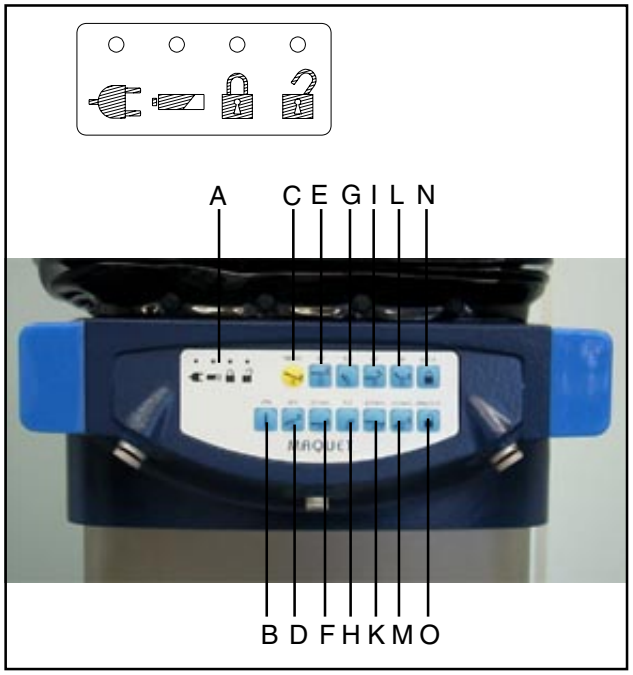


Fig.III-5: Override control panel buttons

The functions of the override control panel are shown in the following:

A) LED-Status indicators of the operating table

➔ **Note:**
The status indicators are only active when the corded hand control or the IR remote control is switched on.

Description of the symbols from left to right:

- Mains connection: the green LED lights up when the operating table is connected to the mains.
- Battery charge level: the red LED flashes when the operating table batteries have to be recharged as soon as possible.
- Operating table is immobilized: the green LED lights up when the operating table is immobilized, i.e. *LOCK* activated.
- Operating table castors are extended:
the red LED lights up when the operating table is on its castors and can be displaced, i.e. *UNLOCK* activated.

B) **ON**
switches the motor on and must be pressed **in addition** to each function button

C) **TREND**
Table top into **Trendelenburg position**

D) **REV.**
Table top into **reverse Trendelenburg position**

E) **UP**
Table top **up**

F) **DOWN**
Table top **down**

G) **TILT**
Lateral tilt **to the left**

H) **TILT**
Lateral tilt **to the right**

I) **UP**
Slope back plate **upward**

K) **DOWN**
Slope back plate **downward**

L) **UP**
Slope leg plate **upward**

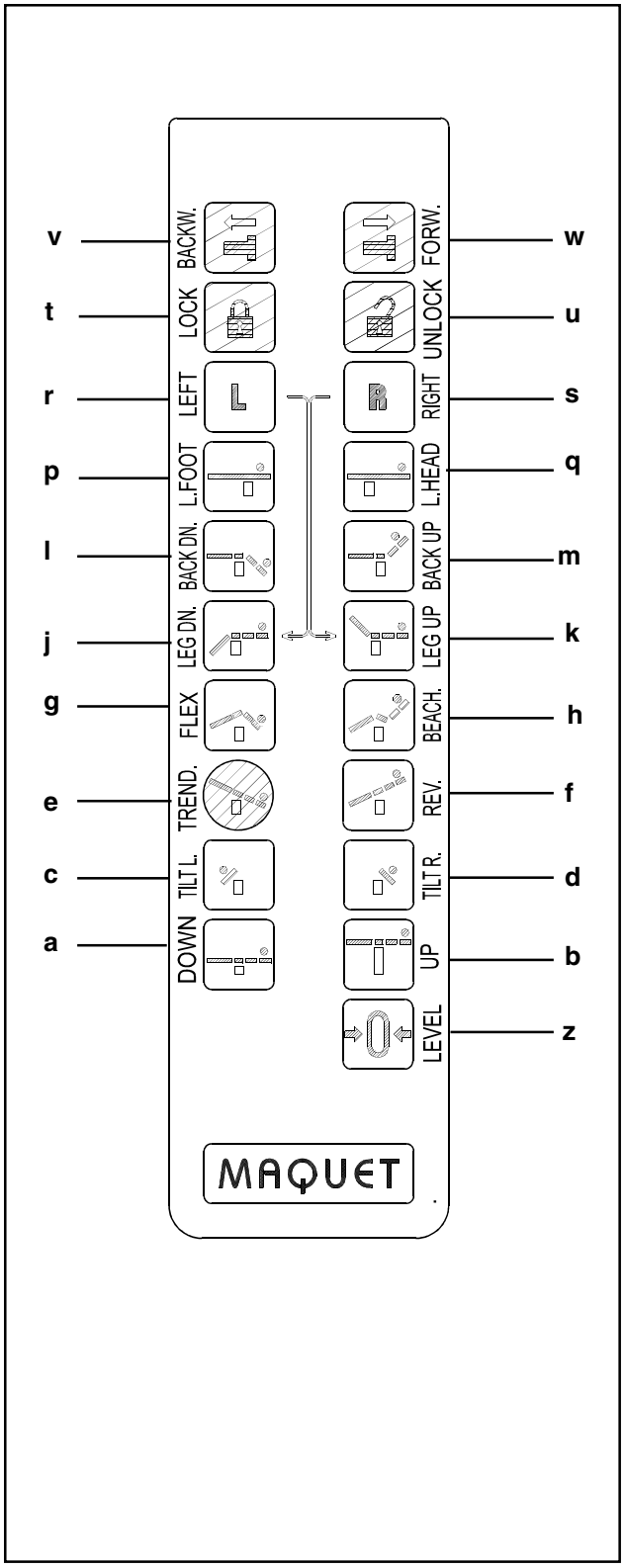


Fig.III-6: IR remote control

M) **DOWN**
Slope leg plate **downward**

N) **LOCK**
Operating table immobilized

O) **UNLOCK**
Operating table on its castors, can be displaced

2.3 IR remote control (optional)

The operating table can be equipped with an IR remote control, as desired.
The required charging station for the IR remote control is not included with the order no. 1133.91A0.
The layout of the function buttons for the operating table adjustments is the same on the corded hand control and the IR remote control apart from one exception:

There are no function buttons for the autodrive in the base. For safety reasons, you can only activate this function via the corded hand control.

➔ **Note:**
When switching on the IR remote control, the LED status indicators on the control panel on the operating table column are active (see chapter „Override system“).

➔ **Note:**
When using the IR remote control or the corded hand control, the electronics generally avoid collisions with the floor or parts of the operating table.
If accessories with manual adjustment functions are mounted, then it is not always possible to avoid collisions.

Fig.III-7: IR code

2.3.1 IR system code

Every IR remote control is unequivocally assigned to an operating table by way of the electronic encoding. The operating table has the same system code as the associated IR remote control.
You can see from the label at the operating table column whether IR reception has been activated for this operating table. If the IR code is crossed out, then the infrared reception is blocked for the operating table.
The encoding for the operating table and the IR remote control as well as activating/blocking the IR reception are performed by authorized personnel.

The operating table and the associated IR remote control are marked by adhesive labels bearing the system code which has been set:

- The adhesive labels are affixed to the operating table column next to the IR receiver.
- The adhesive labels are affixed to the back of the IR remote control.

The two dot-shaped adhesive labels bear a number from **0** to **9** or a letter from **A** to **F** :

- left 0,1,2,...,A,B,...,F
- right 0,1,2,...,A,B,...,F

Examples of IR system codes which have been set:

Identification:		
	1	5
	3	A
	C	2
	D	A

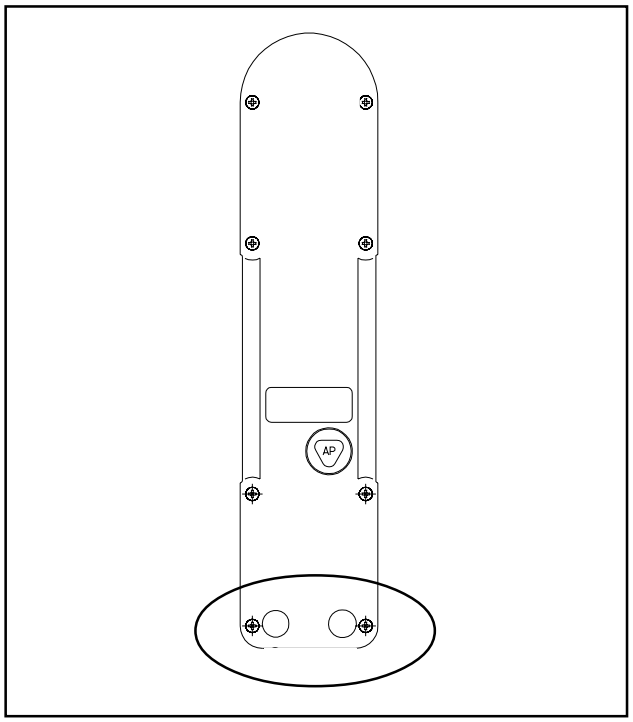


Fig.III-8: IR code

➔ **Note:**
The order of the identification letters/numbers is singificant, i.e. the IR system code **4 B** does not equal **B 4**.

➔ **Note:**
Always leave the IR remote control at the working location for the associated operating table, since the operating table can be adjusted only by using this particular IR remote control.

Of course, the operating table can be adjusted via a corded hand control or the override system at any time, regardless of the IR remote control.

➔ **Note:**
The transmission power of the IR remote control ist sufficient to operate the draped operating table even from a greater distance. If the desired adjustment is not executed by the operating table, even though a function button is depressed completely, then you should re-aim the IR remote control or move to another position in the OR. In such cases the receiver is probably being blocked by a person's body.

Fig.III-9: Charging station

Fig.III-10: Charging station

Fig.III-11: IR wall control panel

2.3.2 Charging station

Recharging the IR remote control:

- Connect the mobile charging station to the mains.

The green LED in the charging station indicates whether the required supply voltage is available or not.

- Place the IR remote control in the charging station as follows:
  - Keypad visible, in the position for normal use, i.e. the 0-position button (**x**) is located at the bottom right
  - the base of the hand control is in contact with the lower limit stop of the holder.

➔ **Note:**
The capacity of the rechargeable battery for the IR remote control is sufficient to ensure several day's use of the operating table. Nevertheless, we recommend that you insert the hand control into the holder of the charging station so that the battery is recharged overnight.

2.4 Control via IR wall control panel

The desired adjustment functions of the operating table can be controlled by means of the function buttons (**1**) at the wall control panel or the separate IR hand control (**2**).

➔ **Note:**
The IR wall control panel can be mounted to the wall at a later date.
For further information please refer to the operating instructions GA115095GBxx.

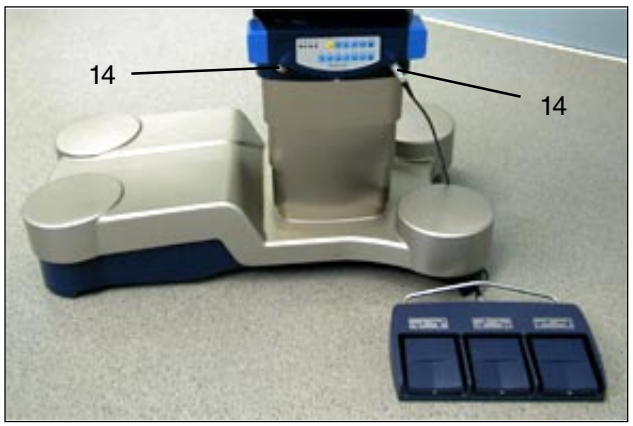


Fig.III-12: Foot switch

2.5 Control via foot switch 1009.81DX (optional)

Connect the foot switch to one of the two sockets (**14**) at the column head.

Three functions each can be activated using the following foot switch versions:

1009.81D0 Foot switch with the functions: height, Trendelenburg/rev. Trendelenburg, back plate

1009.81D1 Foot switch with the functions: height, Trendelenburg/rev. Trendelenburg, lateral tilt

1009.81D2 Foot switch with the functions: height, Trendelenburg/rev. Trendelenburg, leg plates

1009.81D3 Foot switch with the functions: height, Trendelenburg/rev. Trendelenburg, longitudinal shift

➔ **Note:**
Observe the operating instructions for the foot switch.

2.6 „Neurolock“ function

If requested, the MAQUET service personnel can set the „Neurolock“ function at the operating table.

This function avoids adjustments of the table position due to unintentional actuation of the buttons on the hand control.

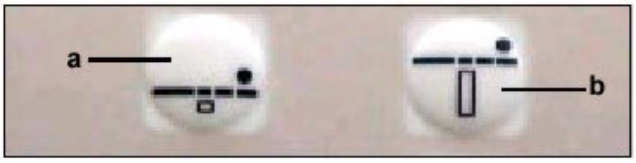


Fig.III-13: „Neurolock“ function

a+b) The „Neurolock“ function can be unlocked by pressing simultaneously the buttons „table top down“ (a) and „table top up“ (b) on the control module. The operating table can now be adjusted. If no further buttons on the control module are actuated for approx. 8 seconds, then the „Neurolock“ function will be activated again. Adjusting the operating table again is only possible after actuating simultaneously the „table top down“ (a) and „table top up“ (b) function buttons.

➔ **Note:**
The „table top down“ and „table top up“ functions cannot be actuated simultaneously using the foot switch 1009.81X0.
Use an IR hand control or a corded hand control to unlock the „Neurolock“ function.

3. Table top

3.1 General features

The table top 1133.12 has been designed to meet the requirements of various surgical disciplines. Selecting from a variety of modules lets you adapt the geometry of the table top to accommodate the individual patient height.
The table top is divided into a maximum of 6 sections, depending on the type of leg plate and upper back plate module selected.

- Head plate
- Upper back plate (extension segment)
- Lower back plate
- Seat plate
- Leg plates

The table top is equipped with a motor-powered longitudinal shift feature through 230 mm, and motor-powered adjustment functions for the back plate and leg plates. Furthermore the mounting sockets for the leg plates automatically detect whether one-piece components have been installed, thus increasing reliability and safety in use. Depending on the application, the adjustment ranges for the accessories mounted at the leg plate mounting point may be restricted. Please refer to the operating instructions for the accessory in question.
Attaching different back plate modules at the lower/ upper back plate mounting point enables positions perfectly suited to the patient and more favourable functional working conditions for the surgical team and the procedure. Guide rails for X-ray cassettes are located underneath the back plate. The side rails are used to attach accessories. Various head positioning accessories can be mounted at the head end of the back plate modules instead of the head plate (see chapter V, Patient positioning).

➔ **Note:**

According to the IEC 60601-1 international standard, the operating table is designed for safe handling of a patient weight of 450 kg (1000 lb). When using accessories, the maximum load may be restricted. Please observe chapter VIII List of accessories.

3.2 Mechanical adjustments

3.2.1 Mount / remove the head plate

➔ **Note**

Use and handling are described in detail in the operating instructions for this product.

➔ **Note**

The head plate adapter 1130.81A0 is required to mount head plates at the back plate mounting point.

3.2.1.1 Mount the head plate using the head plate adapter 1130.81A0.

➔ **Note**

The head plate adapter consists of a left and a right part. Please observe the markings L and R.

If the adapters are mixed up, the distance of the mounting sockets is not correct.

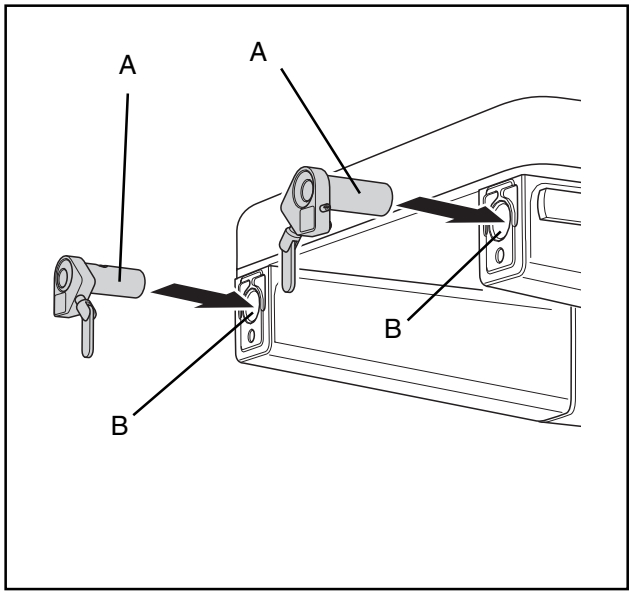


Fig.III-14: Mount the head plate adapter

Mount the head plate

☒ Insert the pins of the two head plate adpaters 1130.81A0 (A) in the sockets (B) at the back plate mounting point, up to the stop.

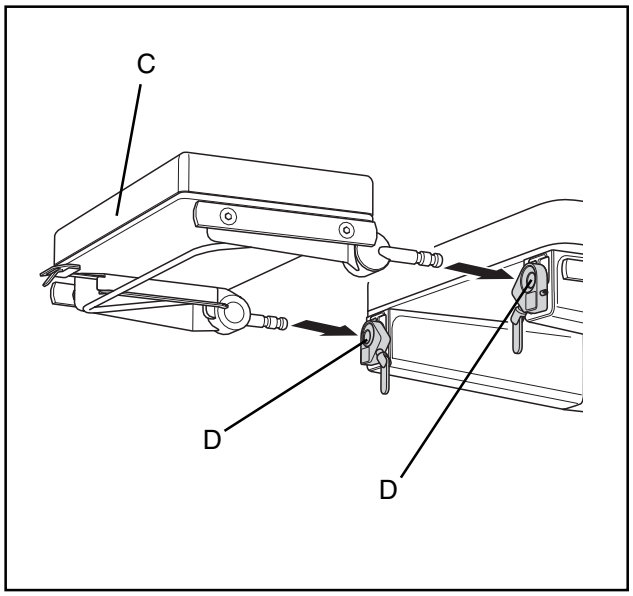


Fig.III-15: Mount the head plate

☒ Insert the head plate pins (C) into the mounting sockets (D) at the front of the table top, up to the stop.

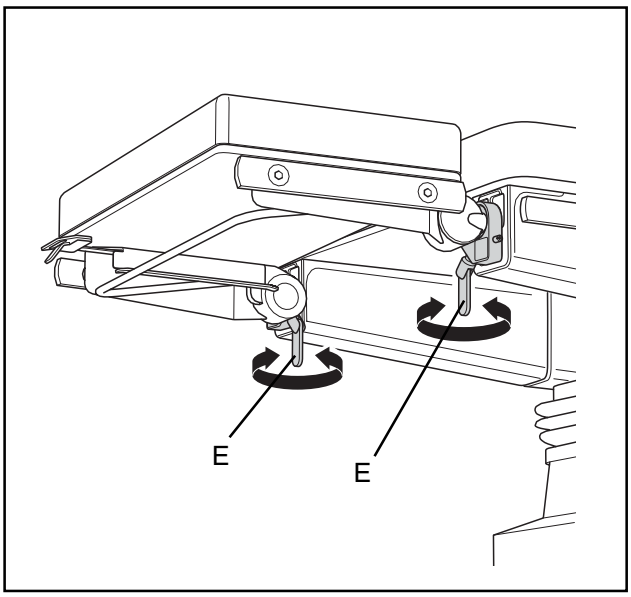


Fig.III-16: Mount and secure the head plate

☒ Tighten the locking screws (E).

☒ Pull on either side of the seat plate extension to ensure that it is properly secured.

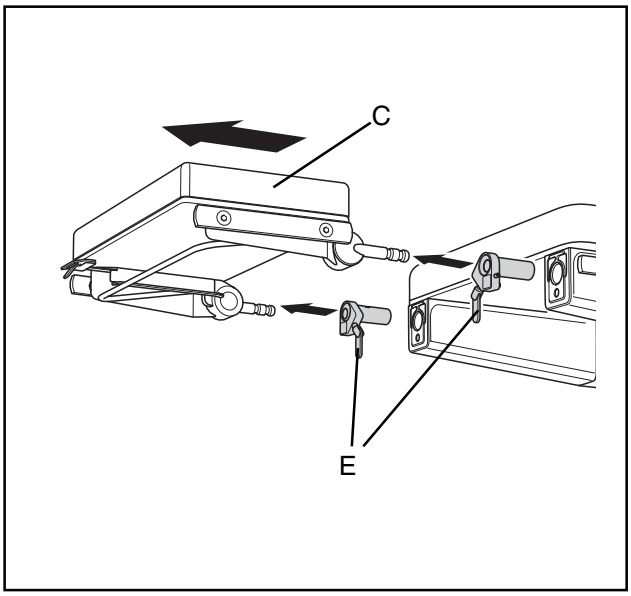


Fig.III-17: Remove the head plate

Remove the head plate

☒ Loosen the locking screws (E).

☒ Remove the head plate (C).

☒ Remove the two head plate adapters 1130.81A0.

3.2.1.2 Mount / remove the joint adapters 1131.82A0

➔ **Note**

The joint adapter consists of a left and a right part. Please observe the markings L and R.

If the joint adapters are mixed up, they cannot be used since the eccentric levers will point to the middle of the table top.

Mount the joint adapter

☒ Insert the left joint adapter 1131.82A0 (L) and the right joint adapter 1131.82A0 (R) with their pins fully in the sockets (A) of the back plate mounting point, at the front of the table top.

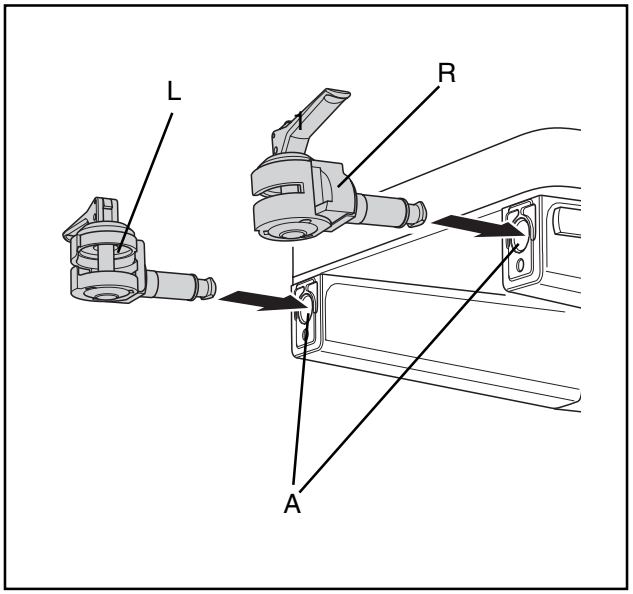


Fig.III-18: Insert the joint adapter

☒ Swivel the joint adapters (L) and (R) downward in the direction of the arrows, up to the stop.

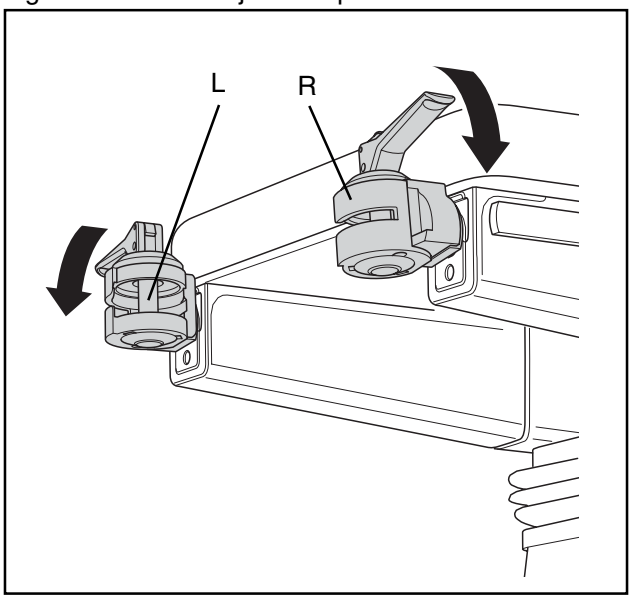


Fig.III-19: Swivel the joint adapters downward

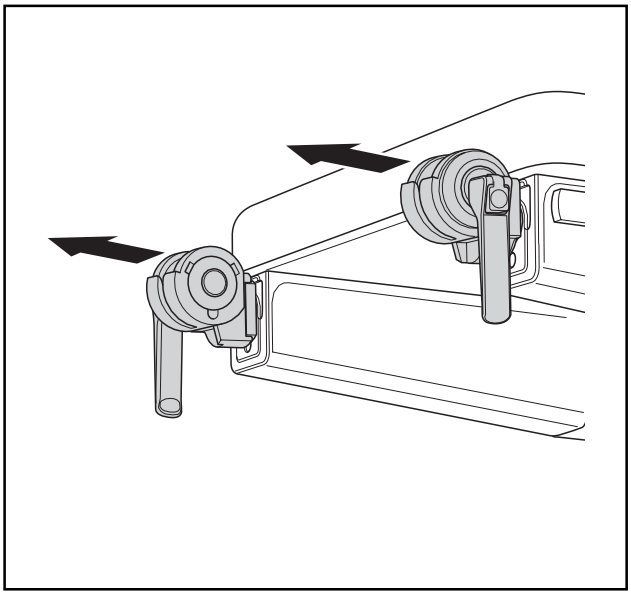


Fig.III-20: Check to ensure proper attachment

☒ Pull on the adapter to ensure that it is properly secured.

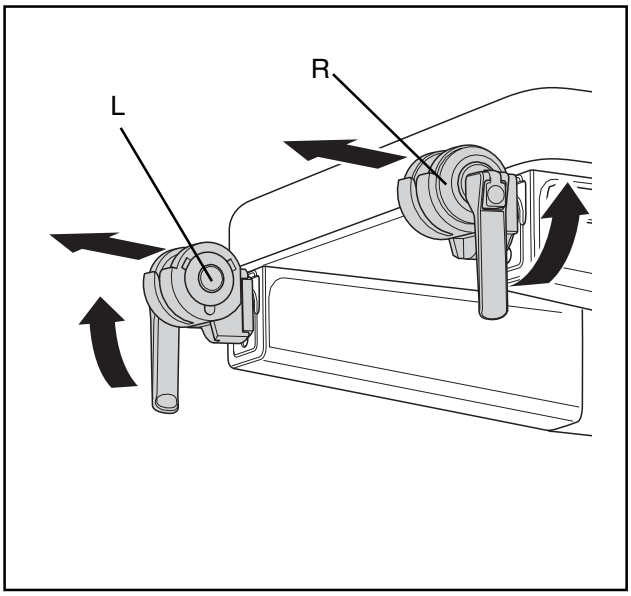


Fig.III-21: Remove the joint adapters

Remove the joint adapters

☒ Swivel the joint adapters (L) and (R) upward in the direction of the arrows, up to the stop.

☒ Pull out the joint adapters (L) and (R).

3.2.1.3 Change out accessories at the joint adapter 1131.82A0

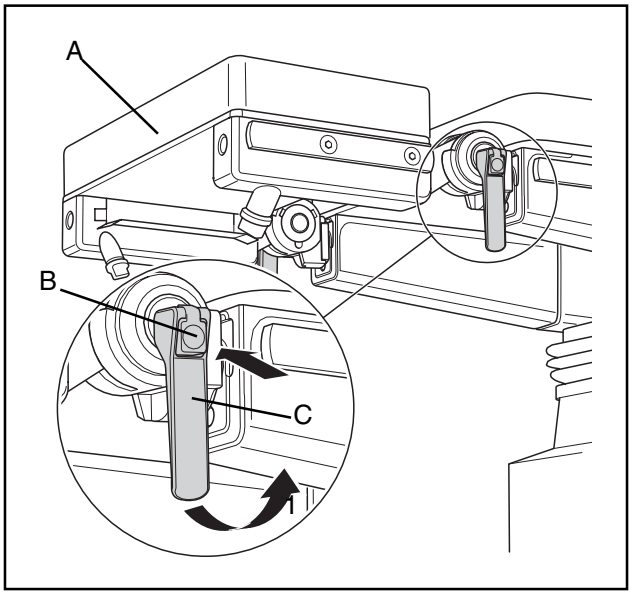


Fig.III-22: Remove the back plate

☒ If a back plate (A) is already mounted: Hold the back plate.

☒ On either side:
Press on the safety push-button (B) and open the eccentric lever (C).

☒ Raise the back plate (A) until it is in an almost vertical position (approx. 75°) and remove it from the joint adapter mounting point.

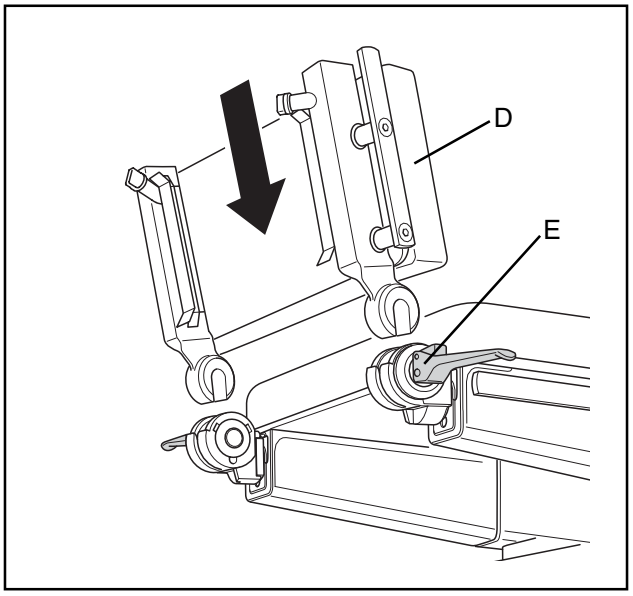


Fig.III-23: Mount the back plate

☒ Insert the other back plate (D) from above, in an almost vertical position (approx. 75°), in the joint adapter mounting point, lower it until it is in the desired position and hold it.

☒ On either side:
Retighten the eccentric lever (E).

3.2.2 Extension segment 1131.31B0/F0

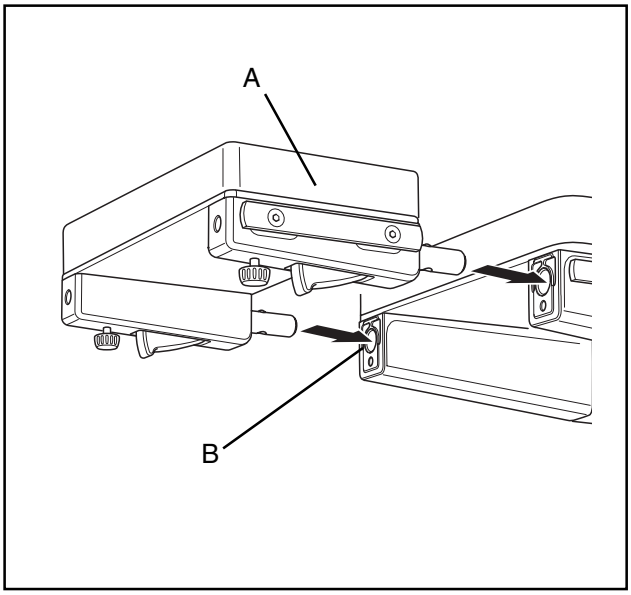


Fig.III-24: Mount the extension segment

The table top is extended to position taller patients or to optimize the patient position.

Mount the extension segment

☒ If necessary, remove the head plate

☒ Insert the pins of the extension segment (A) in the mounting sockets (B) at the front of the table top, up to the stop.

✓ The extension segment is locked automatically.

☒ Pull on either side of the seat plate extension to ensure that it is properly secured.

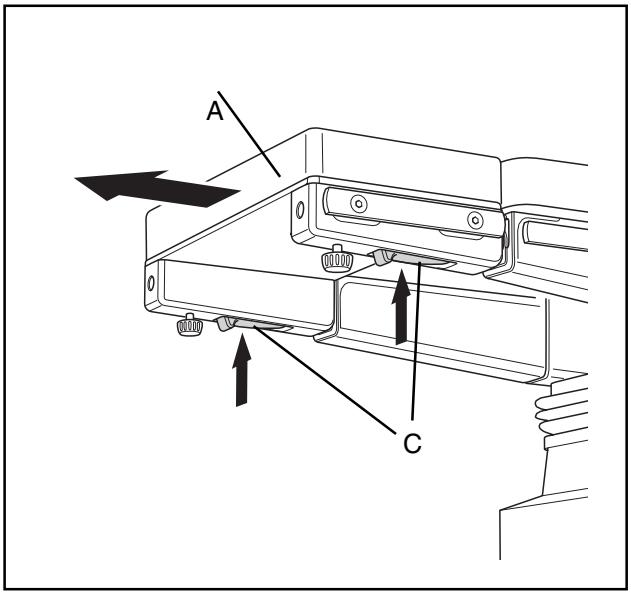


Fig.III-25: Remove the extension segment

Remove the extension segment

☒ Press the two levers (C) against the extension segment.

☒ Remove the extension segment (A) without binding.

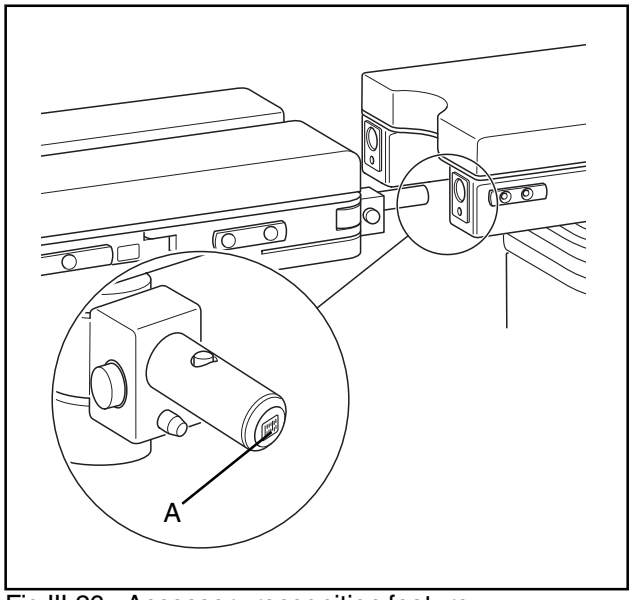


Fig.III-26: Accessory recognition feature

3.3 Collision protection at the leg plate mounting point

The table top is fitted with an accessory recognition feature at the leg plate mounting point. When using encoded leg plate accessories, this feature recognizes the accessories and avoids collision with the operating table or the floor during leg plate adjustment.
Encoded accessories are fitted with a “code plug” (A) at the front of the mounting pin.
Accessories which are not encoded at the mounting pin can be used at the leg plate mounting point; however, there is no collision protection when making adjustments.

⚠ **Injury hazard!**
It is possible to use accessories which are not encoded at the leg plate mounting point: this may, however, result in collisions during certain adjustment procedures.
Observe the movement during the adjustment procedure and be sure to avoid any collision.

⚠ **Injury hazard!**
Additional accessories mounted at the side rails will not be recognized by the collision protection feature.
Observe the movement during the adjustment procedure and be sure to avoid any collision.

⚠ **Injury hazard!**
A leg plate which is mounted in addition at the seat plate extension will not be recognized by the collision protection feature.
Observe the movement during the adjustment procedure and be sure to avoid any collision.

Functional sequence

☒ Press and hold any button.
- ✓ The collision protection is activated and will stop the downward movement in time.

☒ Release the button.

3.3.1 Seat plate extensions

The seat plate extension is suitable for use during procedures in gynaecology and urology.

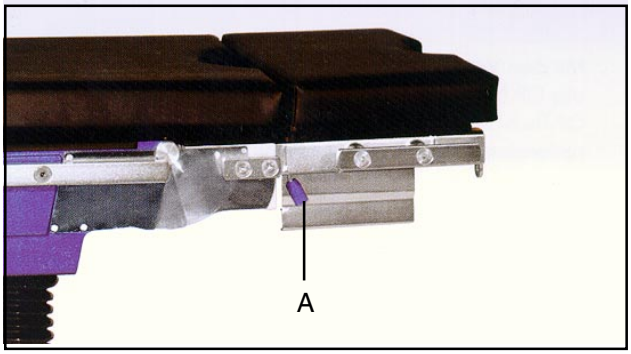


Fig.III-27: Seat plate extension 1133.55BC

Seat plate extension 1133.55BC

- To mount or remove the seat plate extension, actuate the release lever (A) and insert the seat plate extension in the mounting sockets up to the stop or remove it.
- The seat plate extension cannot be adjusted.

Seat plate extension 1131.55B0/F0

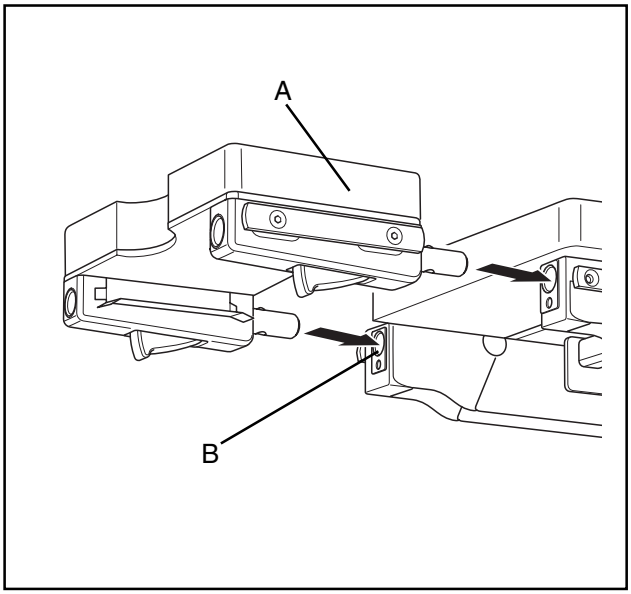


Fig.III-28: Mount the seat plate extension

Mount the seat plate extension

☒ If necessary, remove the leg plate.

☒ Insert the pins of the seat plate extension (A) in the mounting sockets (B) at the front of the table top, up to the stop.

✓ The seat plate extension is locked automatically.

☒ Pull on either side of the seat plate extension to ensure that it is properly secured.

✓ The seat plate extension can be adjusted.

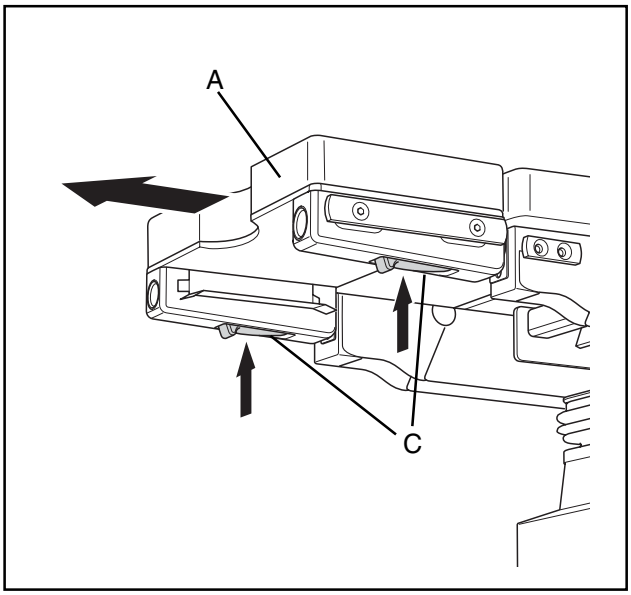


Fig.III-29: Remove the seat plate extension

Remove the seat plate extension

☒ Press the two levers (C) against the seat plate extension.

☒ Remove the seat plate extension (A) without binding.

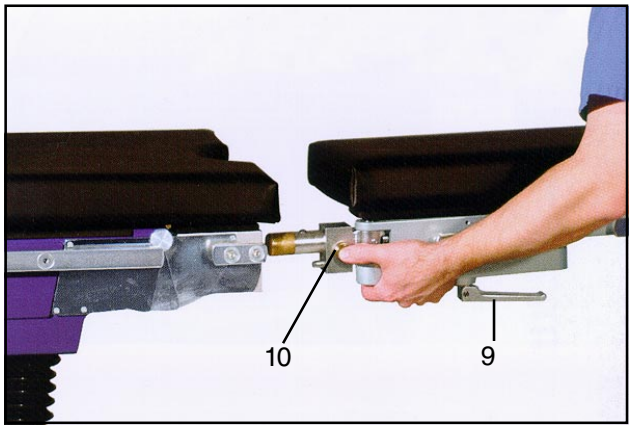


Fig.III-30: Mount the split leg plate

Fig.III-31: Unlock the leg plates

3.3.2 Leg plates

Split leg plate 1133.53BC

- To mount the split leg plates, press the push-button (**10**) and insert the leg plate pins in the mounting sockets, up to the stop (**Abb. III-30**).
- The leg plate is locked as soon as the push-button is released (**10**) (**Fig.III-31**).
- The slope of the leg plate is adjusted electrohydraulically by means of the control module.
- To abduct the leg plate, open the eccentric lever (**9**) and set the desired abduction angle.
- Retighten the eccentric lever after making the adjustment.
- A dual-pivot joint is used to abduct the leg plates 1133.53 so that on the one hand the surgeon has access to the patient's body from the foot end while at the same time the patient's leg is given sufficient support.
- To remove the leg plate, press the push-button (**10**) and pull the leg plate out of the mounting sockets.

⚠ Before setting the leg plates in the flat and horizontal position (0-position), be sure to observe that they are not positioned one on top of the other.
Collision hazard! Injury hazard!

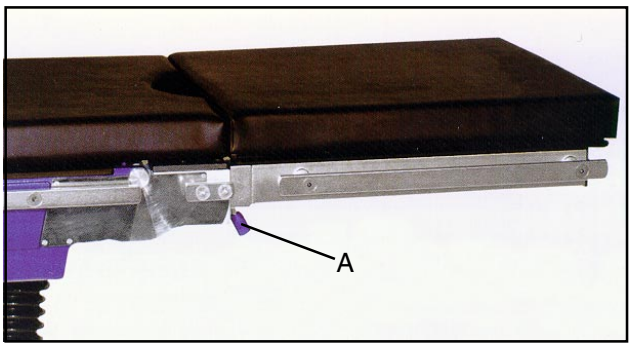


Fig.III-32: Mount / remove the single-section leg plate

Single-section leg plate 1133.58BC

- To mount or remove the single-section leg plate, acuate the release lever (A) and insert the leg plate in the mounting sockets up to the stop or remove it. The single-section leg plate is suitable for surgical procedures in orthopaedics ans vascular surgery where the patient's legs are to be X-rayed. The slope of the leg plate is adjusted electrohydraulically by means of the control mudule.

3.4 Table top padding

The operating table top is supplied with table top plates and SFC pads secured with Velcro straps.

3.5 Accessories

Mount only the accessories listed in chapter VIII.
Do not use non-original accessories which affect the longitudinal geometry of the table top without first consulting with MAQUET.
Accessories which are mounted on the side rails of the operating table provided for this purpose should also be drawn exclusively from the MAQUET line of accessories. When developing MAQUET accessories, close attention is paid to careful harmonization with the MAQUET operating tables. This means that when the accessory is used for its intended purpose, the maximum possible safety for patients and staff will be attained.
Accessories (to be mounted on the side rails) which are made by other manufacturers must be particularly carefully examined to ensure that they do not represent a hazard to the patient and the staff or to the operating table (due to possible collisions). Particularly accessory units with high weights or long lever arms (such as hand operating tables, retractor systems etc.) must be expressly permitted by MAQUET.

⚠ **Injury hazard!**
Do not use worn or damaged accessories!

⚠ **Injury hazard!**
Make sure to fasten the table top accessories properly!

⚠ **Injury hazard!**
Collisions between accessories, the operating table and the patient can occur when adjusting or displacing the operating table.
Observe the adjustment procedure and avoid collisions.

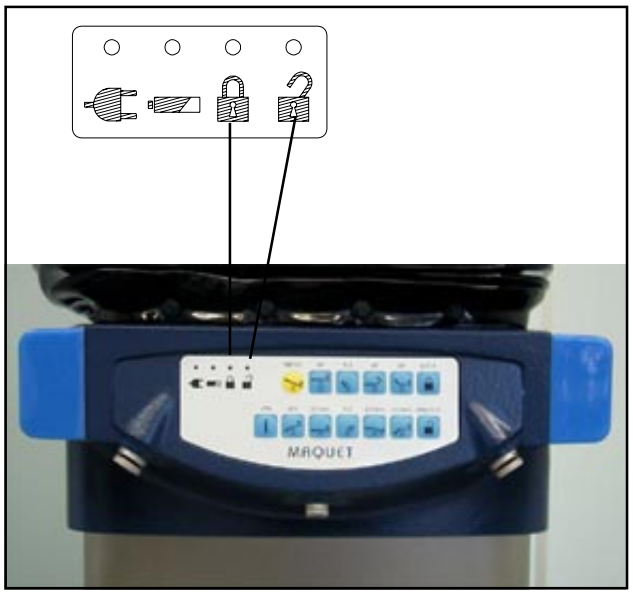


Fig.III-33*:* Overide control panel

4. Autodrive in the base

The operating table version 1133.12B3/F3 is equipped with an autodrive in the base. The operating table will start moving slowly and will slow down softly after releasing the function button (**i** or **k**).

i) **BACKW.**
Move the table backward in the longitudinal direction

k) **FORW.**
Move the table forward in the longitudinal direction

To move the operating table, proceed as follows:

- Remove the mains cable from the operating table
- Fully extend the operating table castors (press UNLOCK button)
- Guide the operating table with at least one hand
- Press function button (**v** or **w**) and the operating table will move in the selected direction.
- Release function button (**v** or **w**) and the operating table will gently brake until it stops.

➔ **Note:**
If the LEDs for the LOCK and UNLOCK functions are flashing, press the UNLOCK button.

⚠ Guide the operating table with at least one hand during displacement.

➔ **Note:**
When moving the operating table, do not press the override system buttons since this will cause several functions to be activated simultaneously and involve the hazard of injury or collision with potential hindrances.

➔ **Note:**
The operating table can only be moved laterally if you have not activated the BACKW. or FORW.functions!

IV. Use of the operating table

1. General

⚠ The operating table's electrical conductivity has to be checked once a year! This check should be performed only by trained servicing personnel.

➔ **Note:**
Connect the operating table to the potential equalization system in the OR during the surgical procedure (see DIN VDE 0100 standard, Part 1).
For this purpose, connect the potential equalization pin with the cable to a potential equalization point in the OR, next to the patient.
A potential euqlization cable (5 m) with connectors at both ends is included in the scope of supply of the operating table.

2. Operation on battery power

When operating the table with the integrated batteries with no connection to the mains supply, the operating table meets the requirements of the Class AP Test for Anaesthesiological Operation. It may be used in areas subject to explosion hazard, zone M.
Battery operation of the table is always preferable to operation on mains power.

Th capacity of the fully charged batteries allow approx. one week's use of the operating table, depending on how often adjustments are made.

If the charge level of the batteries drops below a minimum permissible value, this is indicated by the red operating table status indicator LED when the operating table is switched on.

➔ **Note:**
At less than 10% charge the operating table will shut down automatically.

Recharge the batteries
Discharged batteries will attain 90% of their charging capacity after approx. 5 hours (100% after approx. 10 hours).

The batteries are automatically recharged as soon as the operating table is connected to the mains by means of the mains cable.

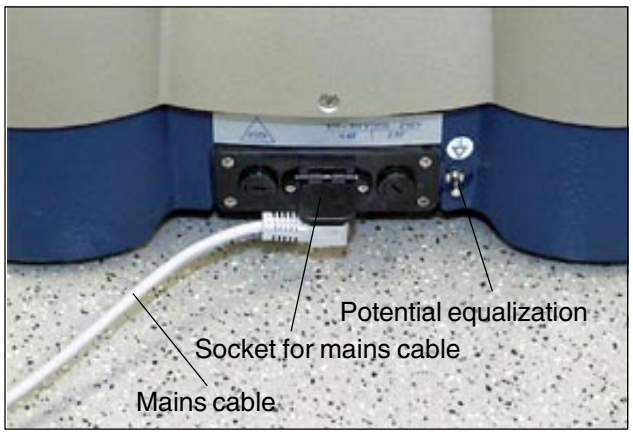


Fig.IV-1: Operating table connections

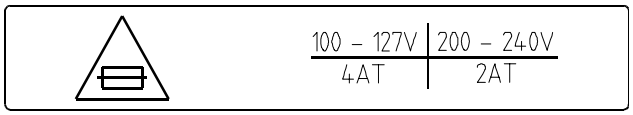


Fig.IV-2: Fuses

➔ **Note:**
We recommend to recharge the batteries overnight, but at least every 2 days, even if „low charge level" of the batteries has not been indicated yet.
Regular recharging of the batteries will ensure sufficient battery power for the daily OR programme. It will also serve to prolong the useful life of the batteries.

3. Operation on mains power

The batteries are automatically recharged as soon as the operating table is connected to the mains by means of the mains cable.

⚠ There is no explosion protection while recharging the batteries or when the operating table is on mains power.

⚠ The operating table is disconnected from the mains by means of the mains plug.

Connect the operating table to the mains by means of the mains cable.

⚠ When connecting or removing the mains cable, observe the correct order of the procedure!

- When connecting the mains cable, first of all connect the operating table and then connect the plug to the mains.
- When disconnecting the mains cable, first of all pull the plug out of the socket and then remove the cable from the operating table.

➔ **Note:**
Damaged cables must be replaced immediately.

When replacing fuses, please note:

1. Unplug the operating table
2. Unscrew the two fuse holders located on the right and left next to the socket for the mains connection using a coin or a large screw driver.
3. Insert the appropriate fuse according the the table opposite
4. Reinsert the fuse holders

4. HF surgery, use of defibrillators

In the field of HF surgery and when using defibrillators, be absolutely sure to observe the following safety instructions:

⚠ **Hazard of burns!**

When using HF surgical equipment, defibrillators and defibrillation monitors, make sure to avoid that the patient comes into contact with metal parts of the operating table, the table tops or the accessories. Also make sure to avoid that the patient is lying on moist underlays or sheets on the conductive pads.
Be absolutely sure to comply with the manufacturers operating instructions!

V. Patient positioning

1. General

The 1133.12 modular operating table offers the possibility to use various modules as the back plate, thus providing advantages for adaptation of the patient position to different surgical disciplines.

Fig.V-1: The preferred patient orientation

➔ **Note:**
The NORMAL patient orientation is preferable to the REVERSE patient orientation. In the NORMAL patient orientation the patient's head is lying above the long end of the operating table base (see sketch).

⚠ In accordance with generally accepted hygiene standards, the operating table top is to be covered with surgical drapes during use.

⚠ Observe the prescribed orientation for the patient. Never position the patient's upper part of the body on the leg plate.

⚠ **Injury hazard!**
Risk of injury due to the operating table tipping over or material breaks when using non-approved accessories. The patient positions vary, depending on the patient weight (see sketches in chapter V, Patient positioning) and the operating table accessories which may be employed (see Accessories list, chapter VIII).
Observe the specifications for positioning the patient according to his/her weight.

⚠ **Injury hazard!**
If the patient is not secured during transportation, when adjusting the operating table or when positioning the patient (particularly when the slope feature is used), then the patient could slip, uncontrolled, off the operating table. Always secure the patient and maintain continuous observation.

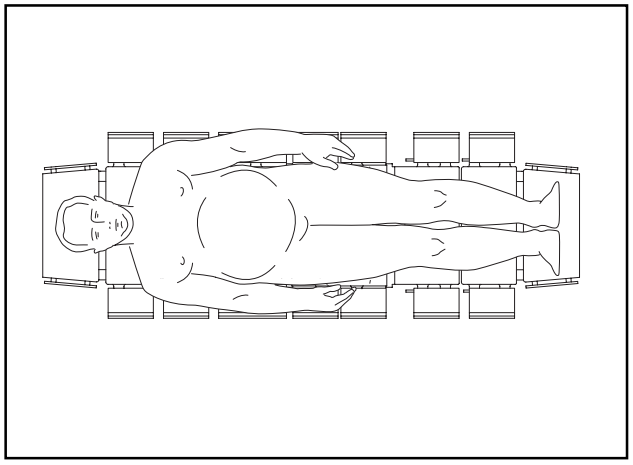


Fig.V-2: Patient position

Injury hazard!
If the operating table is not wide enough to enable an ergonomic patient position, then the patient may be injured.
The table width extenders (1001.75A0 / 76A0) may be mounted on the side rails of the operating table to enable ergonomic patient positioning.

Only one infusion stand (1009.01C0), one anaesthesia screen (1002.57A0), one wristlet (1002.24C0) and one arm protector (1002.25A0) may be mounted to the table width extenders (1001.75A0 / 76A0).
When positioning the patient, be sure to observe that the patient is lying above the centre of the column in the lateral direction (see sketch).

Injury hazard!
It is not permissible to mount another table width extender to a table width extender 1001.75A0/ 76A0.

Injury hazard!
The nursing staff must ensure the patient is properly positioned and observe the patient's condition in order to avoid endangering the patient's respiratory system, nerve pathways and circulatory system.

Injury hazard!
Keep the patient under continuous observation when adjusting the knee crutches.

Hazard of tipping over!
Immobilize the operating table prior to transferring the patient! Press the LOCK button!

➔ **Note:**
After standstills, actuate the operating table functions to check proper functioning before positioning the patient.
Press the function buttons height up/down, Trendelenburg/reverse Trendelenburg, lateral tilt right/left, back palte up/down, leg plates up/down for two to three seconds each. Finally, press the 0-position button (**z**) to align the operating table horizontally.
The functions of the corded hand control are described on page 9.

➔ **Note:**
Depending on the patient weight, the speed of the motor-powered adjustment and displacement functions will change.
When lowering the table while a heavy patient is lying on the table top, the speed of downward movements will slighly increase.
The adjustment speed will be reduced during upward movments.

2. Positioning a patient weighing between 225 kg and 450 kg (500 lb - 1000 lb)

2.1 Approved accessories

Injury hazard!
The accessories which are mounted may not exceed the maximum length as specified in the sketch below. For further accessories, please refer to the accessories list in chapter VIII.

- We recommend to use the extension segment 1131.31xx in conjunction with the head plate 1130.67xx to extend the table top at the head end by 540 mm (21.3 in).
- Leg plates: The abductable leg plate 1133.53xx (max. length 675 mm) as well as the single-section leg plate 1133.58xx are approved.
- Accessories mounted on the side rails

1001.44D0	Arm posturing device 450 mm long
1001.75A0	Table width extender 100 x 300 mm
1001.76A0	Table width extender 100 x 200 mm
1002.25A0	Arm protector
1001.85B0	Foot plate
1001.86A0/B0	Split foot plate

2.2 Operating table immobilized (LOCK)

Hazard of operating table tipping over!
Injury hazard due to the operating table tipping over when extending the operating table castors (UNLOCK).
The operating table must always be immobilized (LOCK) for patient weights exceeding 225 kg.

Injury hazard!!
Injury hazard due to the patient slipping off the operating table during unrestricted use of adjustment functions.
Therefore, restrict the adjustment functions as follows for patient weights exceeding 225 kg:
- Longitudinal shift not permissible
- maximum slope (Trendelenburg/reverse Trendelenburg) ±10°
- maximum tilt (left/right) ±5°
- maximum back plate slope ±10°
- maximum leg plate slope ±10°

The adjustment functions are restricted in the interest of patient safety.

Injury hazard!!
If the patient is not positioned correctly, then the operating table may tip over.
Patients weighing more than 225 kg may be positioned in the NORMAL patient orientation only.

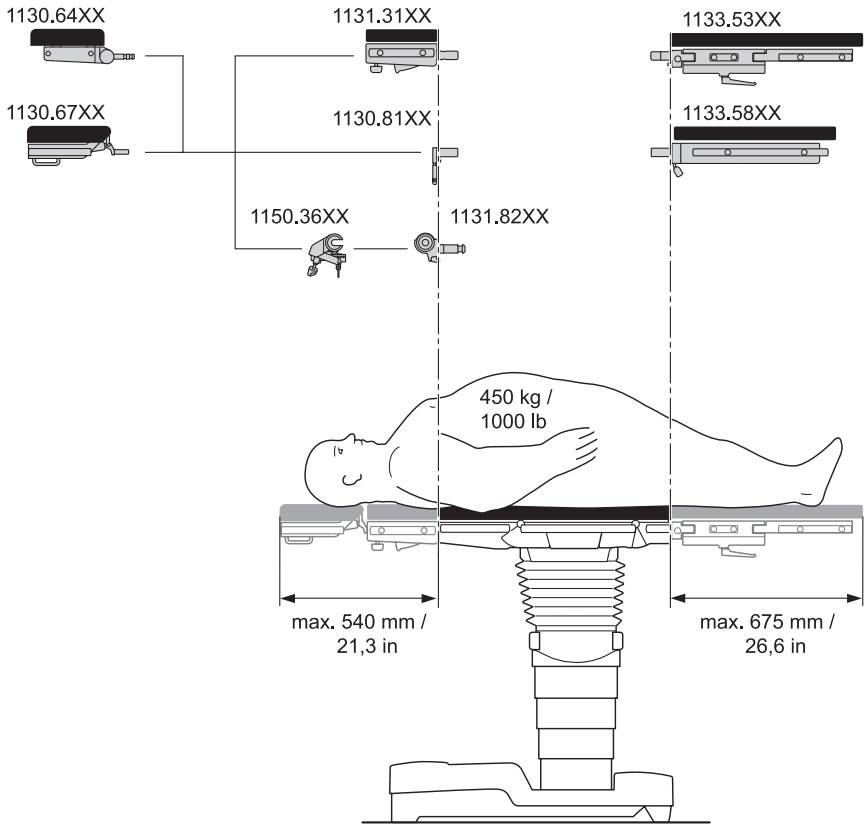


Fig. V-3: NORMAL patient orientation **450 kg (1000 lb)** max. patient weight **LOCK**

3. Positioning a patient weighing between 135 kg and 225 kg (300 lb - 500 lb)

3.1 Approved accessories

Injury hazard!
The accessories which are mounted may not exceed the maximum length as specified in the following sketch.
For further accessories, please refer to the accessories list in chapter VIII.

- We recommend to use the extension segment 1131.31xx in conjunction with the head plate 1130.67xx to extend the table top at the head end by 540 mm (21.3 in).

- Accessories mounted on the side rails

1001.44D0	Arm posturing device 450 mm long
1001.75A0	Table width extender 100 x 300 mm
1001.76A0	Table width extender 100 x 200 mm
1002.25A0	Arm protector
1001.85B0	Foot plate
1001.86A0/B0	Split foot plate

3.2 Operating table not immobilized (UNLOCK)

Hazard of operating table tipping over!
If the patient is not positioned correctly, then the operating table may tip over when extending the operating table castors (UNLOCK).
The patient must be positioned according to Fig. V-4 and Fig. V-5 and the operating table must be set to its lowest position before extending the operating table castors (UNLOCK).

3.2.1 NORMAL patient orientation / operating table not immobilized (UNLOCK)

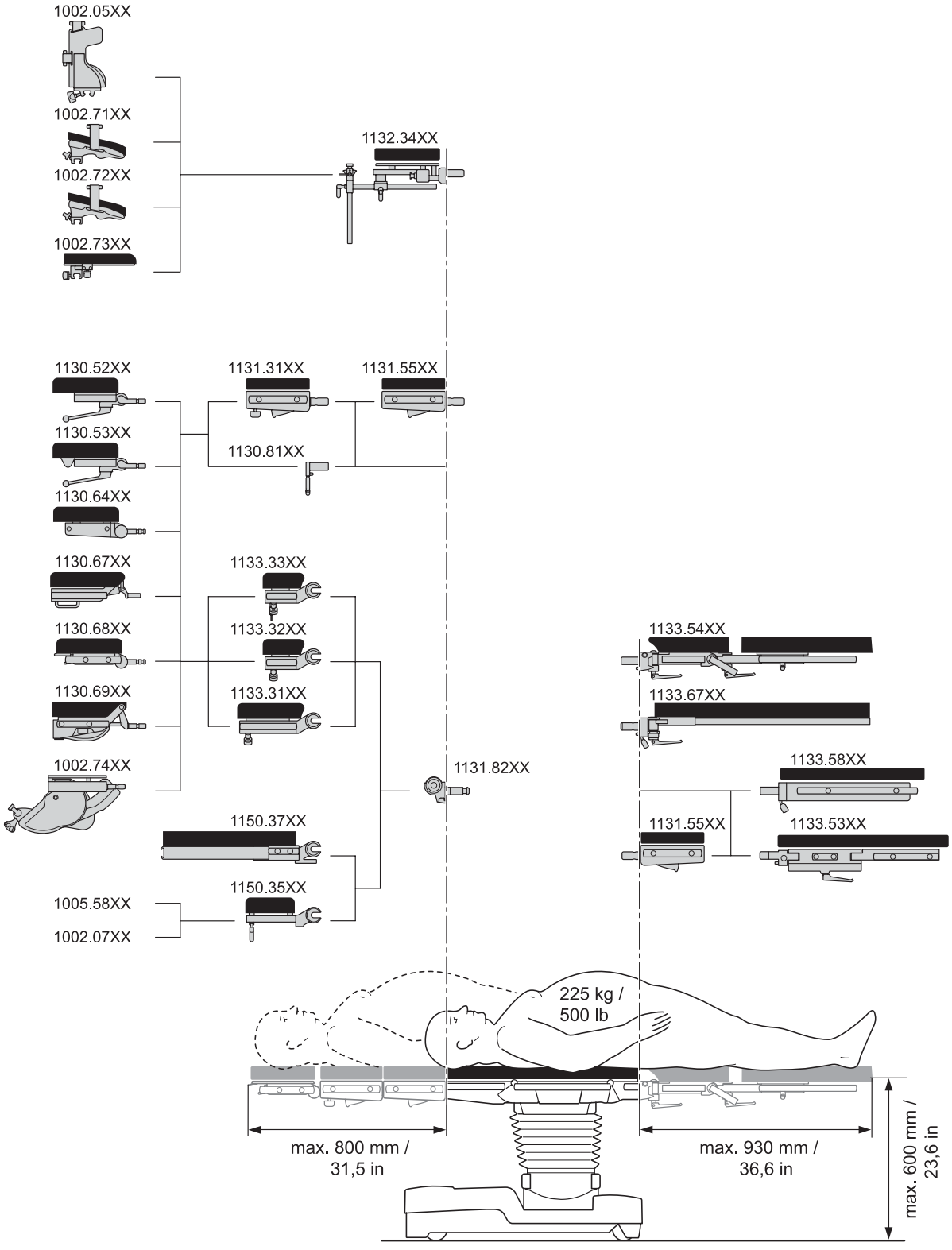


Fig. V-4: NORMAL patient orientation **225 kg (500 lb)** max. patient weight **UNLOCK**

3.2.2 REVERSE patient orientation / operating table not immobilized (UNLOCK)

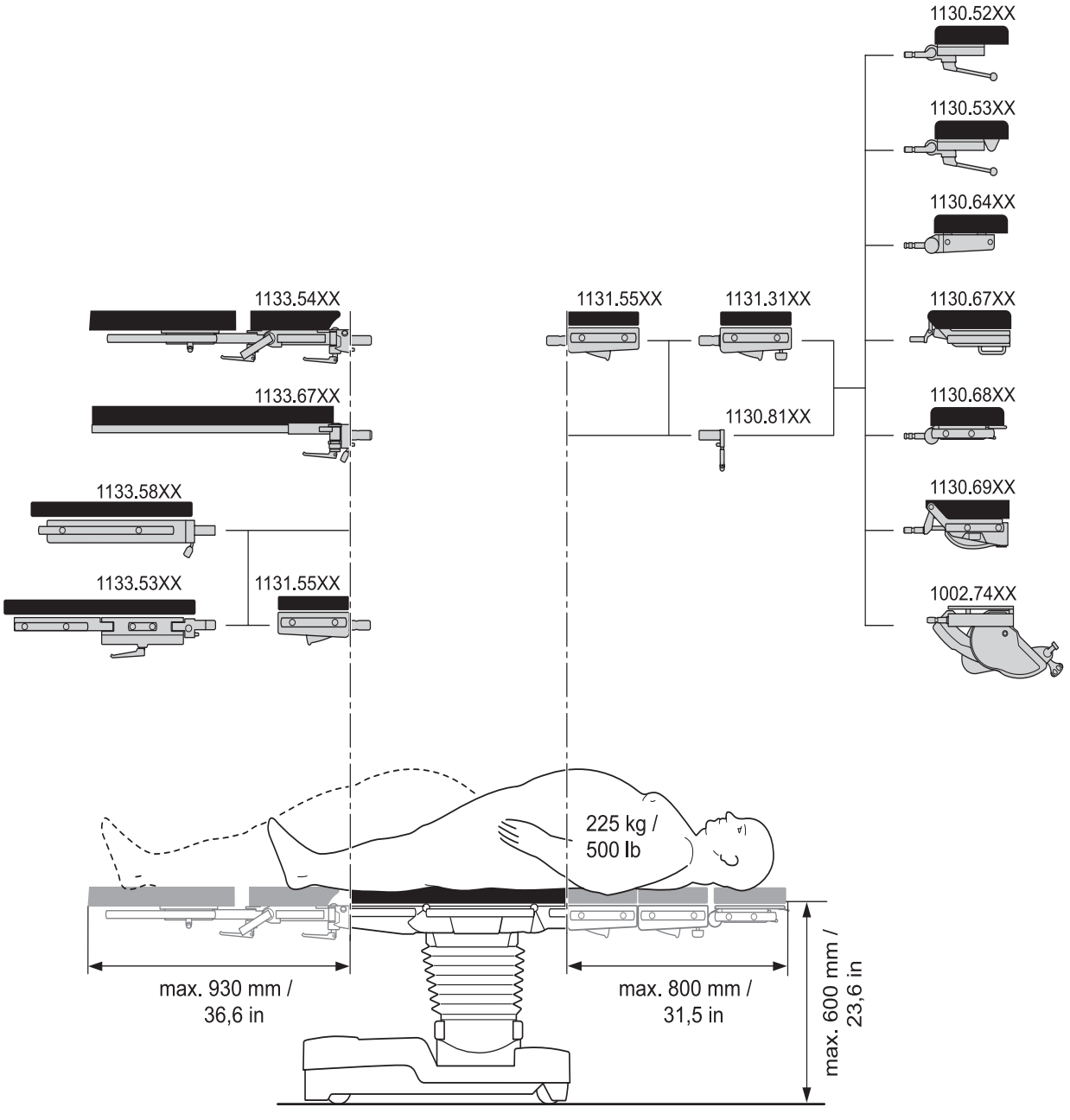


Fig. V-5: REVERSE patient orientation **225 kg (500 lb)** max. patient weight **UNLOCK**

3.3 Operating table immobilized (LOCK)

3.3.1 NORMAL patient orientation / operating table immobilized (LOCK)

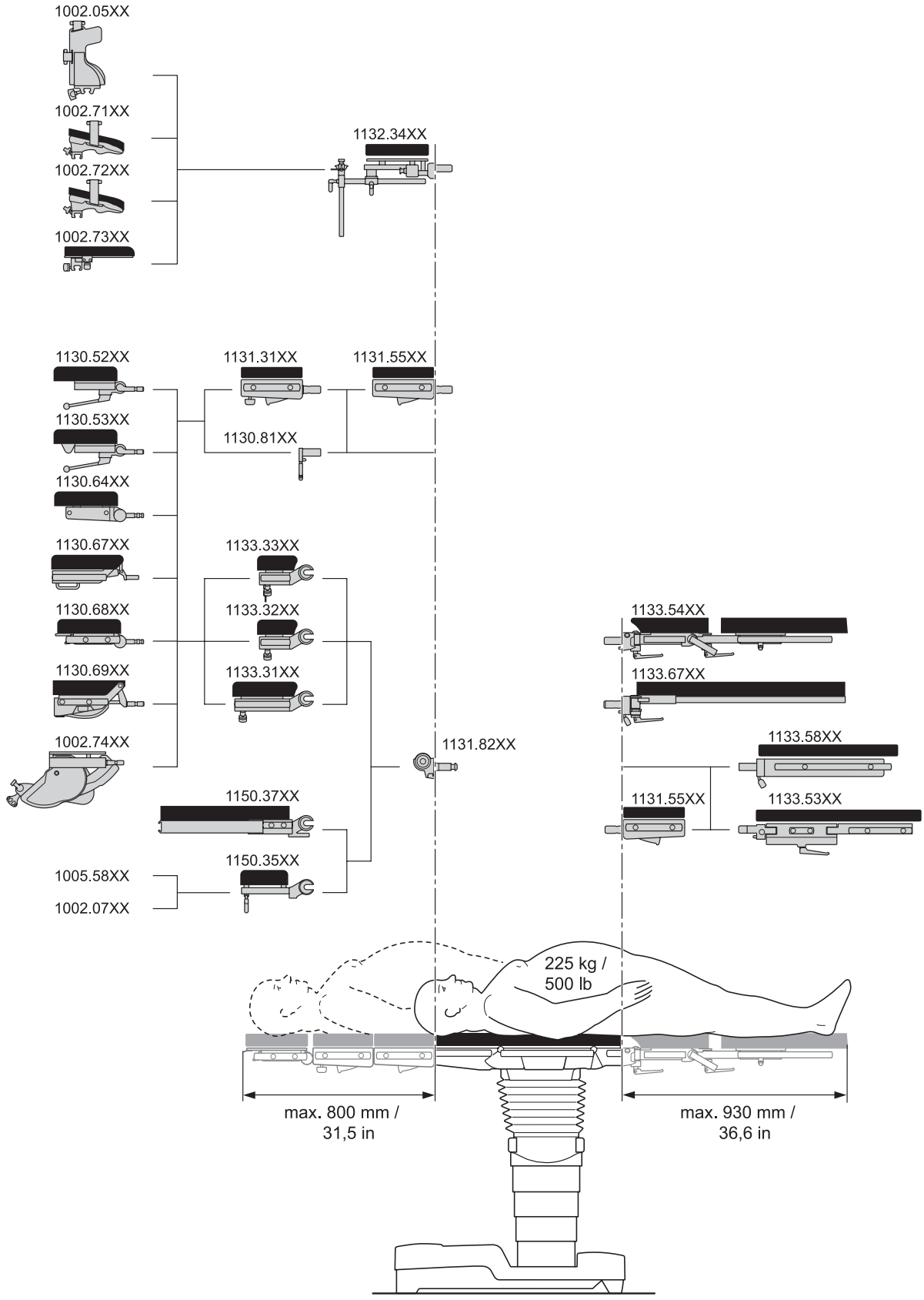


Fig. V-6: NORMAL patient orientation **225 kg (500 lb)** max. patient weight **LOCK**

3.3.2 REVERSE patient orientation / operating table immobilized (LOCK)

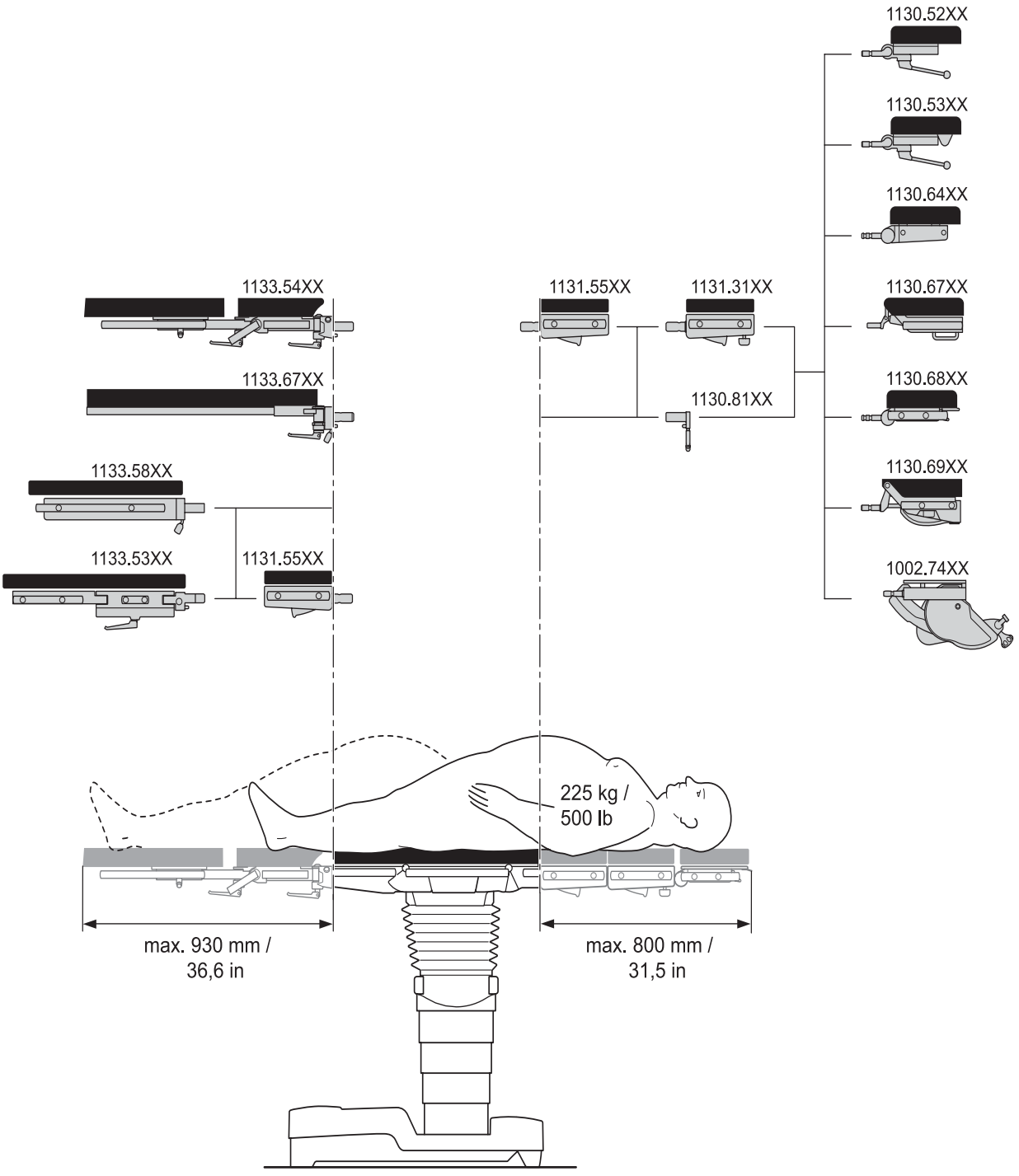


Fig. V-7: REVERSE patient orientation **225 kg (500 lb)** max. patient weight **LOCK**

4. Positioning a patient weighing up to 135 kg (300 lb)

4.1 Approved accessories

Injury hazard!
The accessories which are mounted may not exceed the maximum length as specified in the sketch. For further accessories, please refer to the accessories list in chapter VIII.

4.2 Operating table not immobilized (UNLOCK)

4.2.1 General

Fig. V-8: Marking for moving patients weighing up to 135 kg

Hazard of operating table tipping over!
If the patient is not positioned correctly, then the operating table may tip over when extending the operating table castors (UNLOCK).
The patient must be positioned according to Fig. V-1 and the operating must be set to a height less than 940 mm before extending the operating table castors (UNLOCK). The position below 940 mm is attained when the warning sign is not seen.

4.2.2 NORMAL patient orientation / operating table not immobilized (UNLOCK)

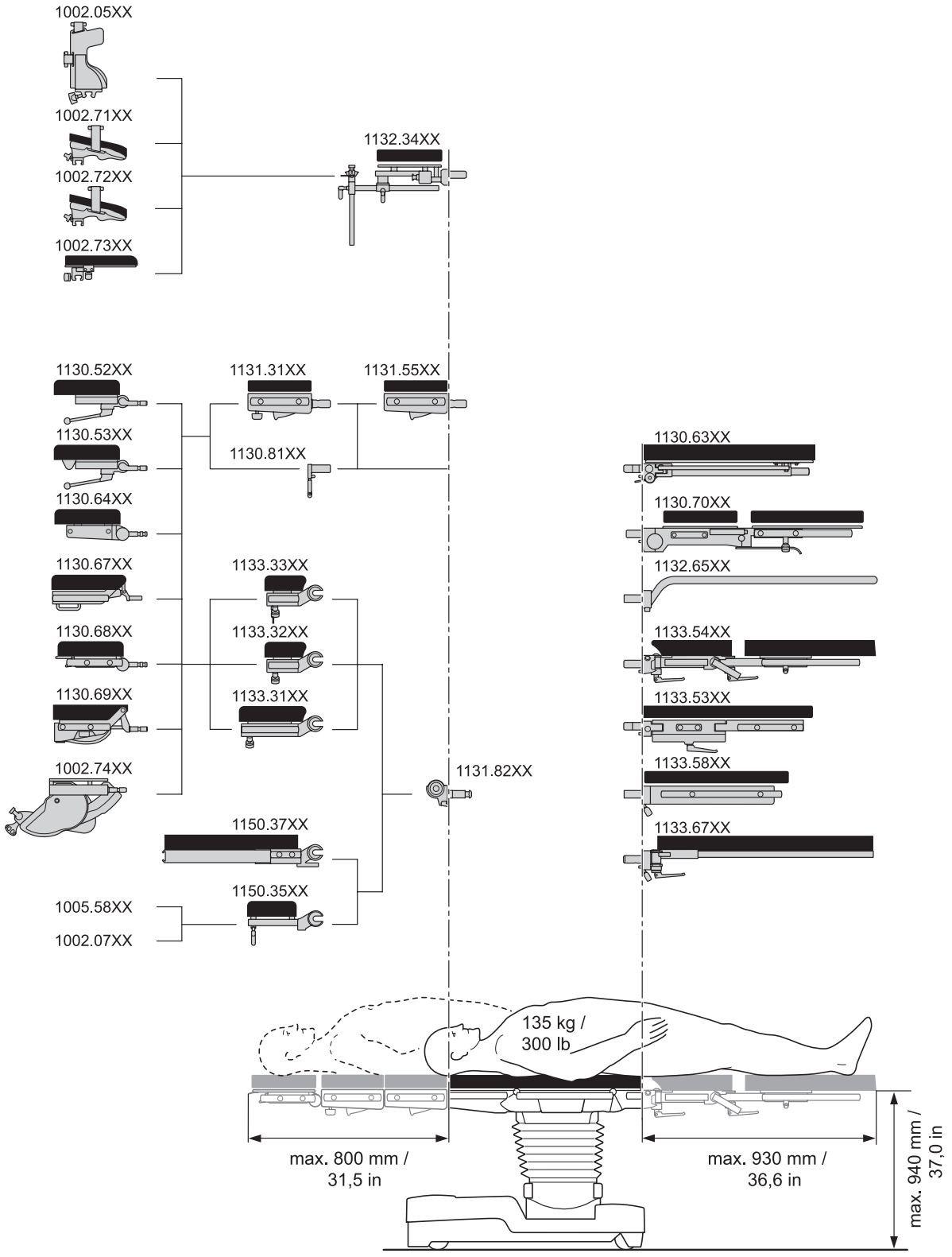


Fig. V-9: NORMAL patient orientation **135 kg (300 lb)** max. patient weight **UNLOCK**

4.2.3 REVERSE patient orientation / operating table not immobilized (UNLOCK)

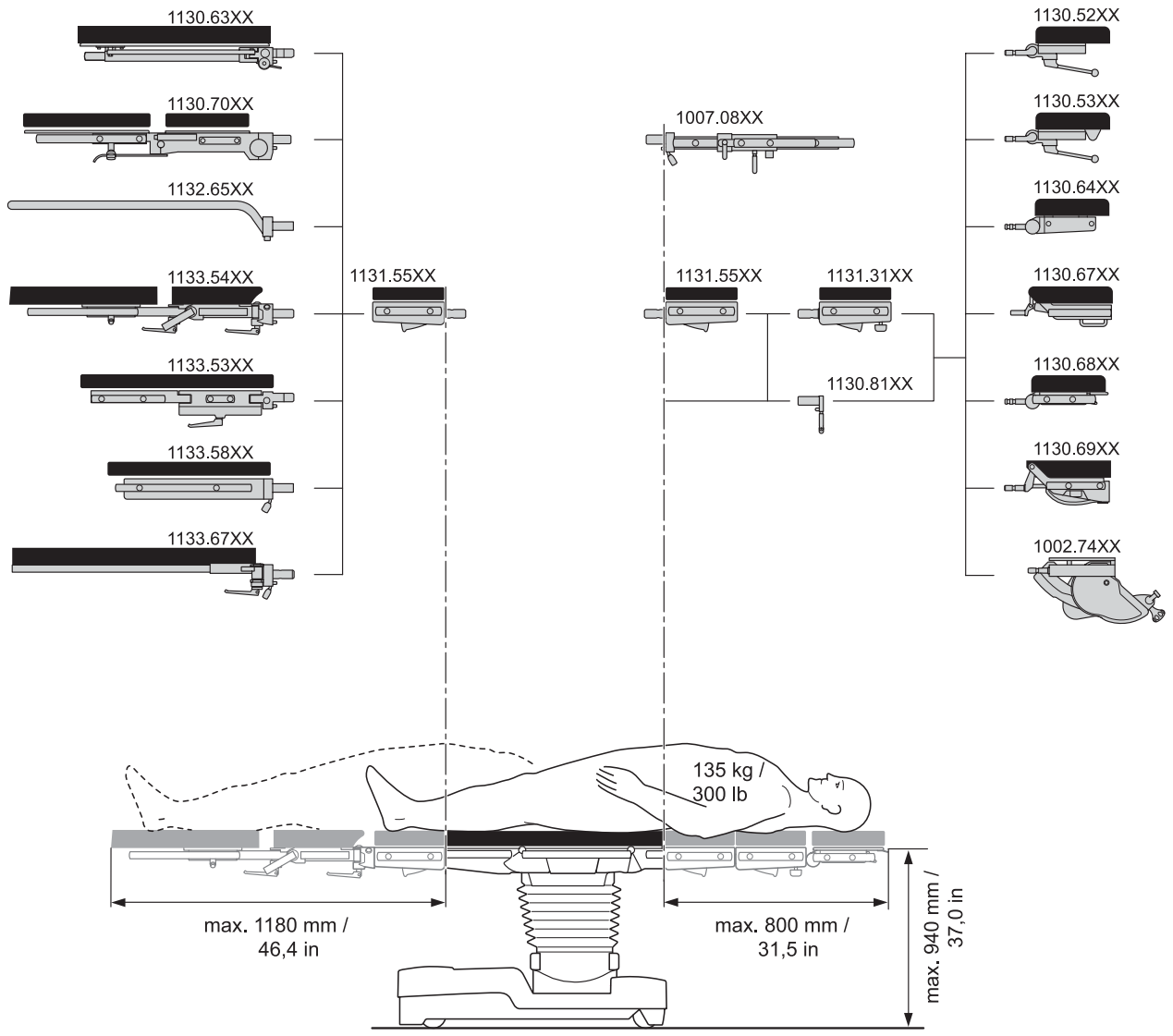


Fig. V-10: REVERSE patient orientation **135 kg (300 lb)** max. patient weight **UNLOCK**

4.3 Operating table immobilized (LOCK)

4.3.1 NORMAL patient orientation / operating table immobilized (LOCK)

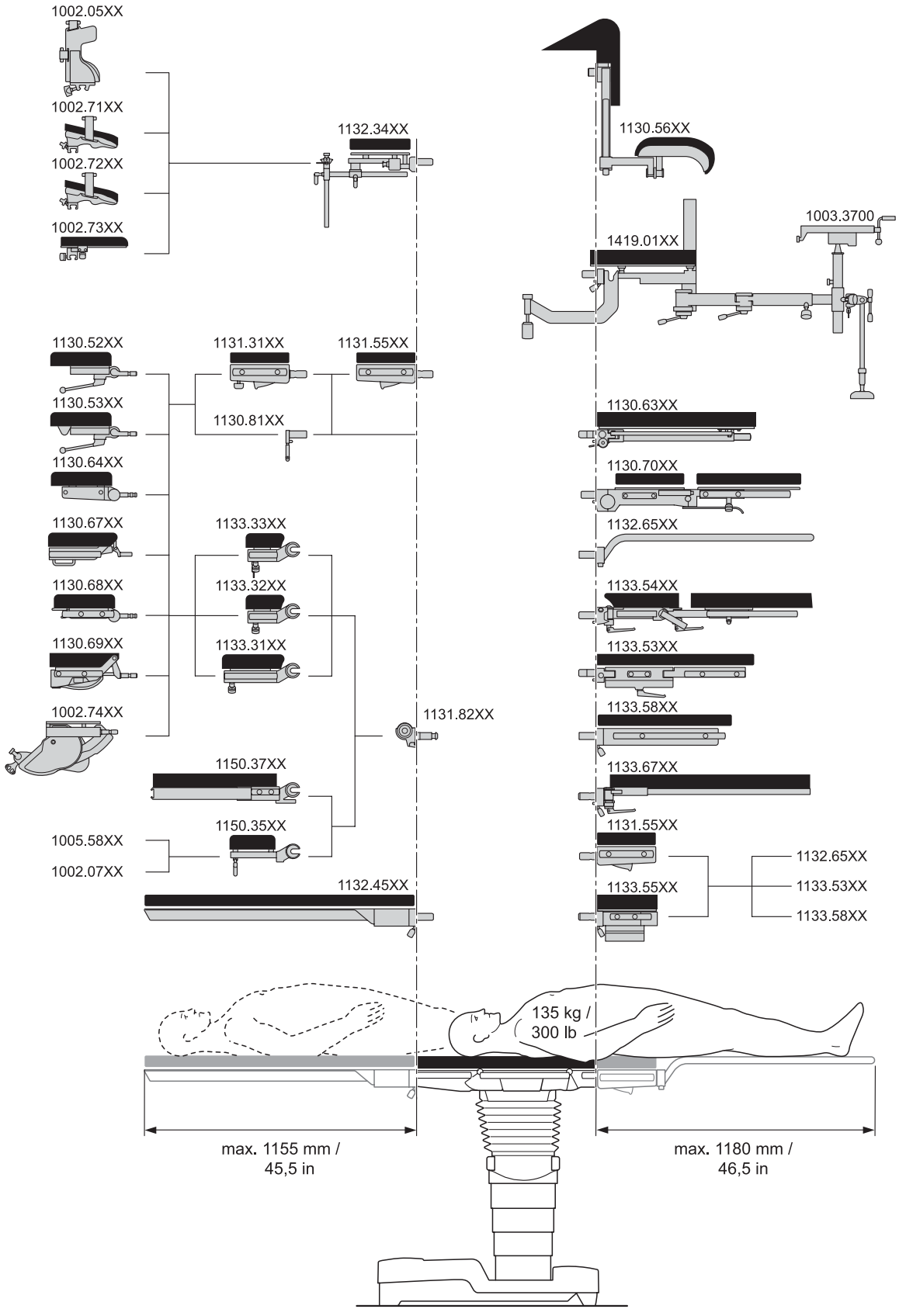


Fig. V-11: NORMAL patient orientation **135 kg (300 lb)** max. patient weight **LOCK**

4.2.2 REVERSE patient orientation / operating table immobilized (LOCK)

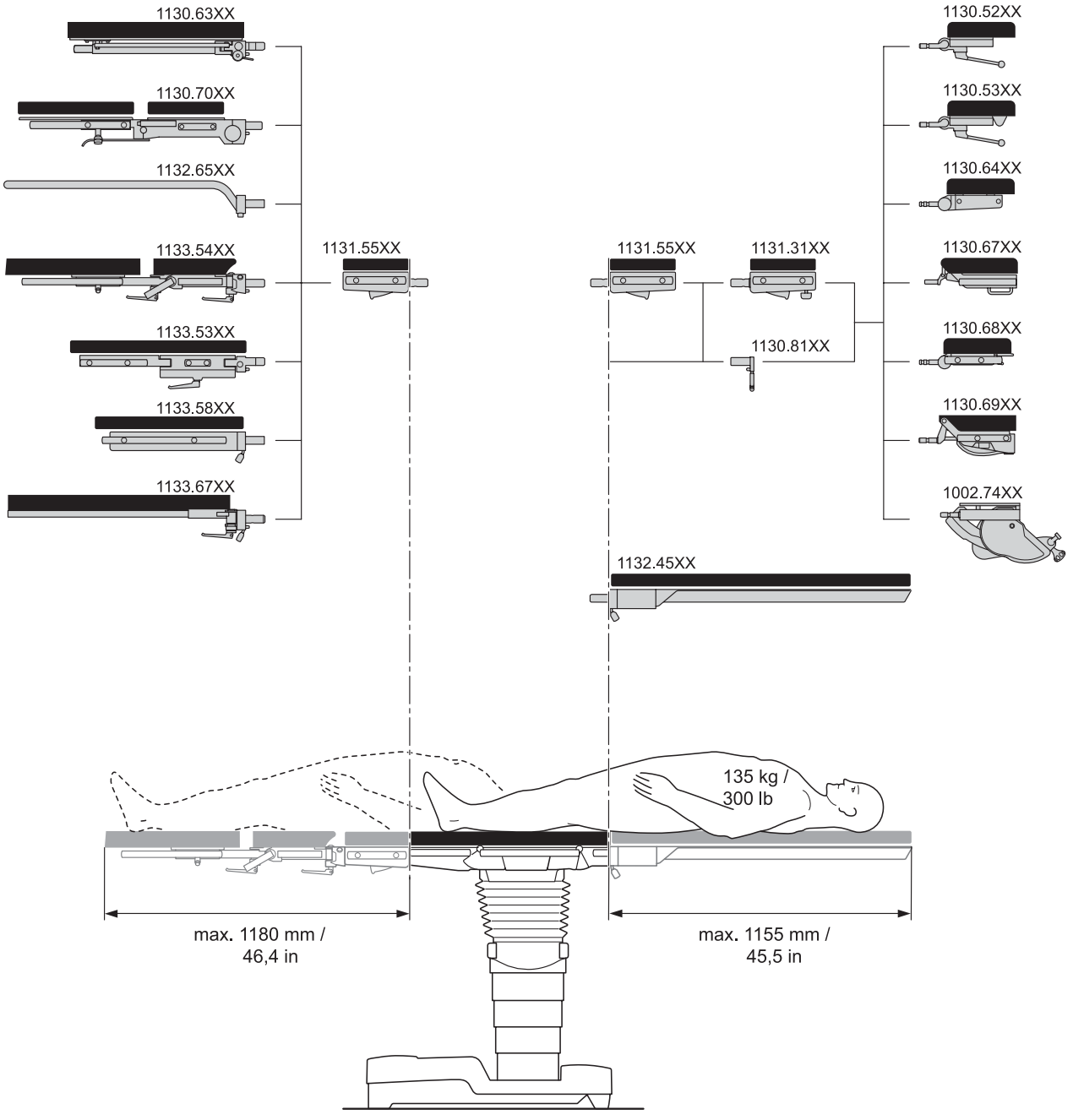


Fig. V-12: REVERSE patient orientation **135 kg (300 lb)** max. patient weight **LOCK**

VI. Care and maintenance

Cover the operating table with surgical drapes when not in use.

1. Cleaning

Use a slightly alkaline general detergent (soap suds) containing tensides and phosphates as the active cleaning agents to clean the operating table and the accessories.
If the surfaces are extremely dirty, then the cleaner should be used in concentrated form. Wipe down the surfaces with clear water.

➔ **Note:**
Only use as much water as is absolutely necessary and immediately remove any excess water with a dry cloth.

➔ **Note:**
Do not use water or detergent jets sprayed out under high pressure. High-pressure cleaning can cause the liquid to penetrate the gaps required for technical reasons and cause corrosion.

2. Disinfection

Use a standard commercially available, aldehyde-based surface disinfectant in a dilute aqueous solution for manual disinfection of the operating table. This agent should be included in the list published by the German DGHM* (German Association for Hygiene and Microbiology). There you will find further information on the individual components of the disinfectant

➔ **Note:**
The disinfectant may not contain the following components:
- Chlorine or compounds which would liberate chlorine.
  These agents are corrosive to metallic surfaces.
- Alcohol or compounds containing alcohol.
  Disinfectant solutions for the skin contain alcohol!
  These compounds will damage plastic components, e.g. table top pads, operating levers.
  These agents will create explosive gas-air mixtures.

➔ **Note:**
Never spray the disinfectant directly into the gaps of the operating table.

* Deutsche Gesellschaft für Hygiene und Mikrobiologie DGHM
c/o Institut für Hygiene und Mikrobiologie
Universität Würzburg
Josef-Schneider-Str. 2
97080 Würzburg / Germany
http://www.dghm.org

3. Maintenance

The operating table requires annual servicing by MAQUET Customer Service or by a MAQUET-authorized service technician.
Please adhere to prescribed maintenance intervals as otherwise guarantee coverage will lapse.
In so doing you also make a contribution to patient safety and extend the useful life of your costly equipment.
We recommend concluding a maintenance contract with MAQUET.
Outside Germany please contact your local representative in all matters relating to service.

4. Malfunctions

If your operating table is defective, we recommend proceeding as follows in order to place the operating table on its castors:

1. Use the 'UNLOCK' function on the override panel: Press the 'ON' and the 'UNLOCK' buttons simultaneously until the table is standing on its castors.
2. If there is no battery capacity: Use the mains cable to connect the operating table to the mains and repeat step 1.
3. If the castors have to be extended manually:
   - Remove the sealing cap at the base using a wide-bladed screw driver or a coin.
   - Insert the ratchet (Ref. no. 3113.3649, included in the delivery) into the opening.
   - Turn the ratchet (A) clockwise until the castors are extended (visual check). When the castors are fully extended, it will be very difficult or impossible to turn the ratchet (A).
   - Screw in the sealing cap without tightening.
   - Move the defective operating table to the desired location and park it on its castors (secure it, if required).
   - Inform the service department.

Caution:

- If the castors have been extended using the manual pump, then the UNLOCk function must not be actuated, otherwise the base will be lowered and cannot be mobilized again.

If there is a malfunction, please inform the local MAQUET representative or the factory. Please give an accurate description of the symptoms and quote the serial number to facilitate our response and make it possible to rectify the problem more quickly.

➔ **Note:**
Never attempt to repair a malfunction yourself and never use force!

5. Environmental protection

Packaging materials:
The packaging used for MAQUET products is made of materials compatible with the environment. They are made of untreated wood, cardboard, recyclable plastics or other reusable materials. MAQUET will dispose of the packaging materials upon request.

MAQUET products:
MAQUET will take back any used products, or component parts thereof, which are no longer usable and reuse the components in a way which is not damaging the environment. Please ring your local MAQUET service centre for more details.

Plastic components:
large plastic components have a symbol to indicate what type of plastic they are made of in order to make recycling easier.
Padding can be disposed of as normal household wastes.

Batteries / Rechargeable batteries:
can be disposed of through the local waste system. Your local MAQUET representative may supply further information. MAQUET is an affiliate of the “Unified Battery Return System,” a foundation established to ensure proper and environmentally benign battery recycling or, where appropriate, to provide for a means of disposal compatible with the public interest.

VII. Technical specifications

1. Operating table adjustments

Length without accessories:	866 mm		(34.1 in.)
Length incl. accessories			
1130.67xx / 1131.31xx / 1133.53xx:	2090 mm		(82.3 in.)
Width:	530 mm		(20.9 in.)
Width across side rails:	max. 580 mm		(22.8 in.)
Height (without pad) 1133.02.12XX	594 - 1056 mm		(23.4 - 41.6 in.)
Weight:	approx. 312 kg		(688 lb.)
Trendelenburg:	30°		
Reverse Trendelenburg:	30°		
Lateral tilt left/right:	20°		
Back plate up:	80°		
Back plate down:	40°		
Upper back plate up:	90°	(manual adjustment)	
Upper back plate down:	45°	(manual adjustment)	
Leg plate up:	10°		
Leg plate down:	90°		
Longitudinal shift:	230 mm		
Flex position:	40°		
Reverse Trendelenburg	20°		
Back plate down	20°		
Beach chair:			
Trendelenburg	25°		
Back plate up	80°		
Leg plate down	70°		
Max. patient weight:	450 kg		(1000 lb.)

2. Electrical specifications

Nominal voltage:	AC 100/110-115/127 200/220/230-240V
Frequency:	50/60 Hz
Power consumption:	400 VA max.
Class: II.	⧈
Applied part:	Type B

The enclosure leakage current meets the requirements of the patient leakage current for CF conditions according to IEC 60601-1, IP X4* IPS ** SELV*** DC 24V

Operating mode:	int. 10 min ON / 20 min OFF
For patient weights from 225 kg to 450 kg:	2 min ON / 120 min OFF
Explosion protection	AP for operation on battery power When connected to the mains, the operating table is not approved for use in areas subject to explosion hazard (AP-M)!
Rechargeable batteries:	Type A512C / 15SR 2 Batteriens 12 V / 15 Ah

* IPX 4 = protection against ingress of liquids ** IPS = internal power source *** SELV = safety extra low voltage CE

VIII. List of accessories

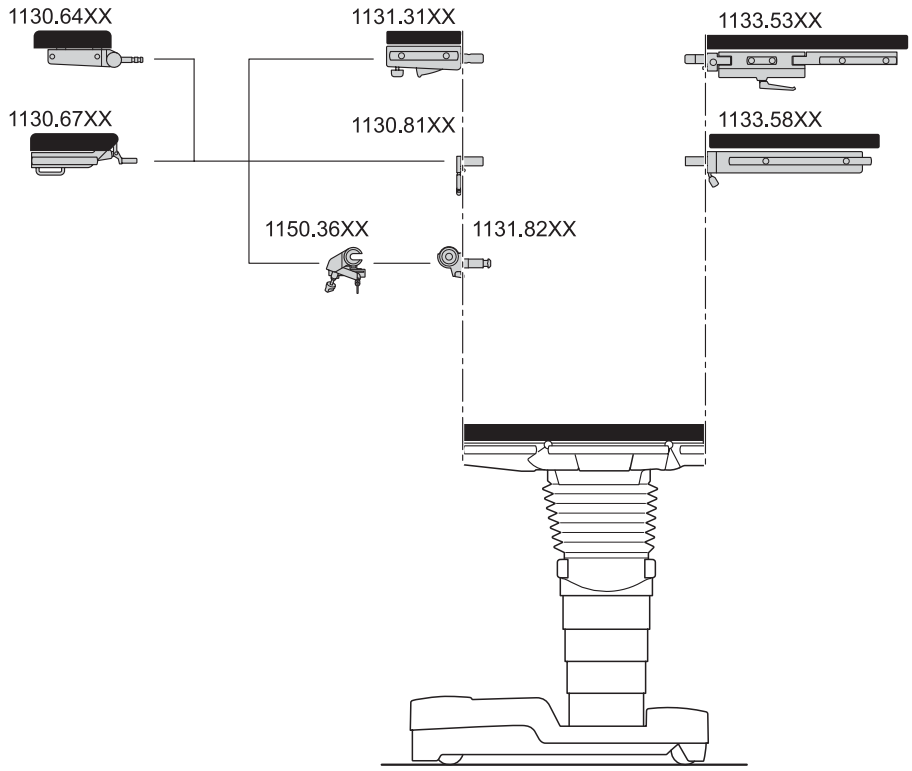


Fig. VIII-1: Accessories for patients weighing up to 450 kg (1000 lb).
For further approved accessories, please refer to the accessories list in chapter VIII.

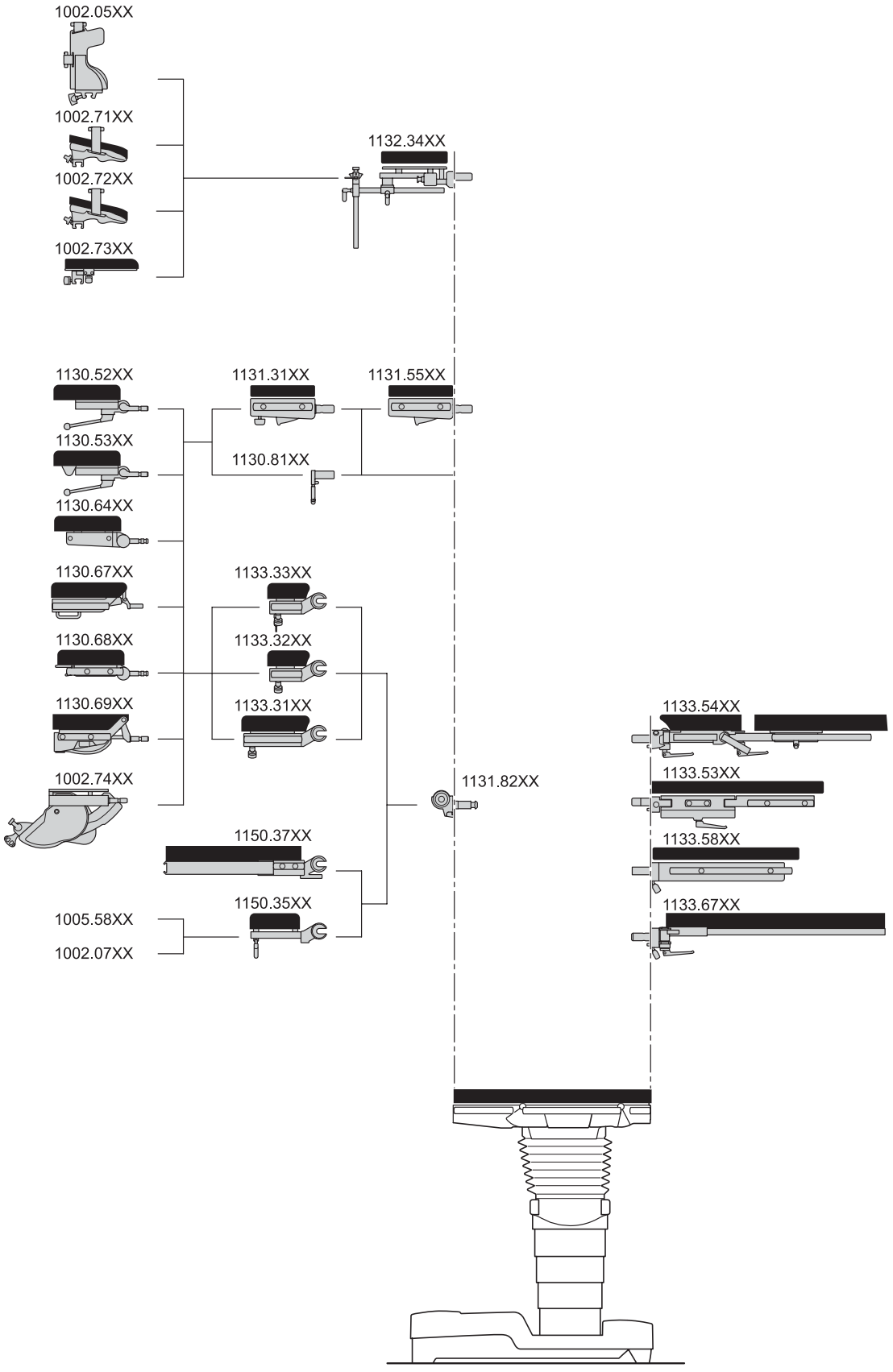


Fig. VIII-2: Accessories for patients weighing up to 225 kg (500 lb).
For further approved accessories, please refer to the accessories list in chapter VIII.

VIII. List of accessories

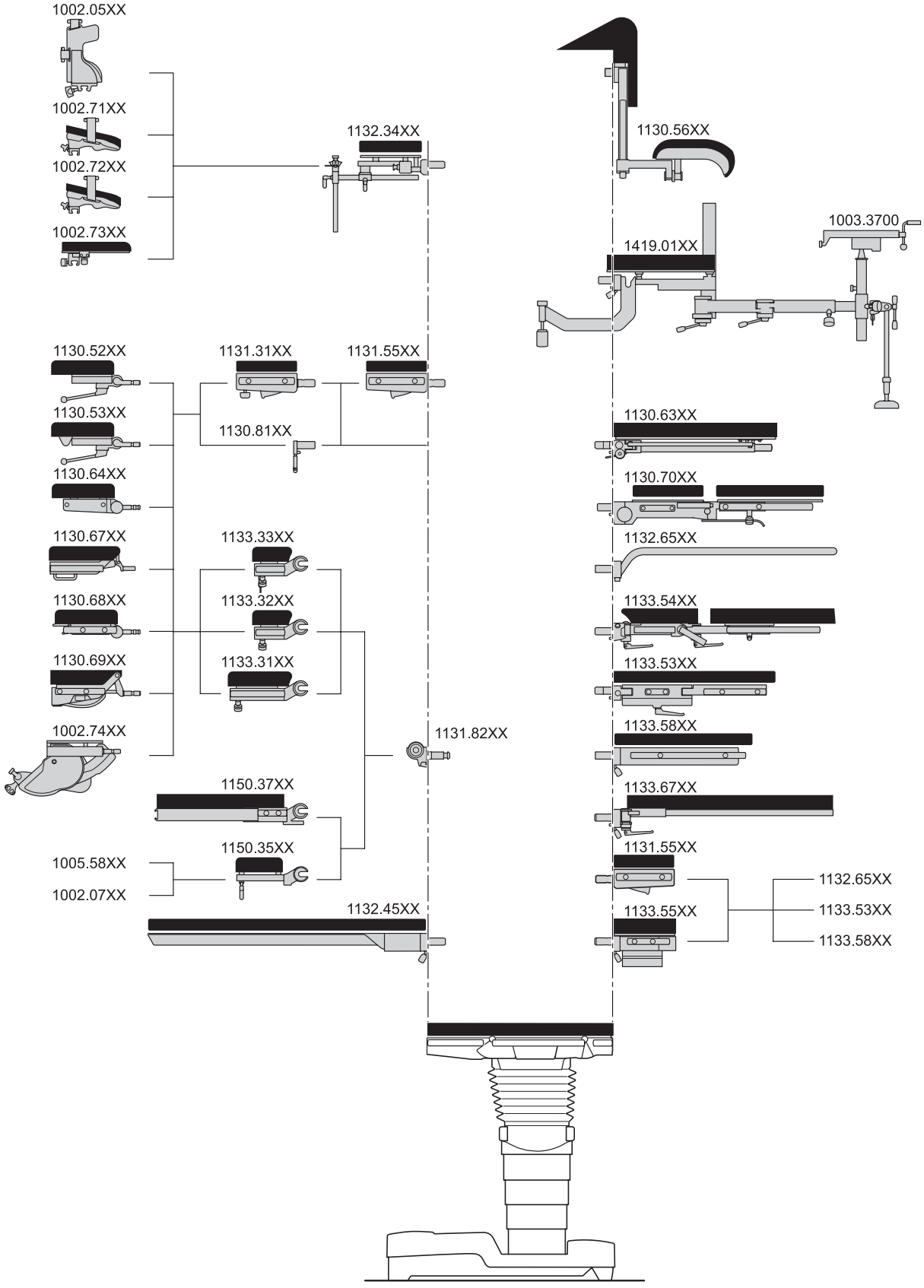


Fig. VIII-3: Accessories for patients weighing up to 135 kg (300 lb).
For further approved accessories, please refer to the accessories list in chapter VIII.

1. Accessories for head-side mounting point:

1.1 For patients weighing up to 450 kg (1000 lb)

1130.67X0 Head plate with gas strut assisted adjustment, washable

1.2 For patients weighing up to 225 kg (500 lb)

1130.52X0 Head plate, simple version
1130.53X0 Head plate with double articulation
1130.54B0 Connection bracket
- 1002.07A0 Head plate adapter
  - 1002.71A0 Horseshoe-shaped head rest
  - 1002.73A0 Head plate, flat
  - 1002.6200 Head plate, flat
  - 1002.72A0 Horseshoe-shaped head rest, split
    - 1004.75A0 Wrist support
  - 1003.4700 Head support plate
- 1002.65A0 Connection fixture
  - 1002.71A0 Horseshoe-shaped head rest
  - 1002.73A0 Head plate, flat
  - 1002.6200 Head plate, flat
  - 1002.72A0 Horseshoe-shaped head rest, split
    - 1004.75A0 Wrist support
  - 1003.4700 Head support plate
    - 1000.5700 Head ring, PUR
    - 1000.5900 Gel head ring
  - 1005.3600 Special clamp for skull clamp
    - 1005.3500 Skull clamp
- 1005.5800 Supporting arm
  - 1002.5800 Adapter
    - 1002.71A0 Horseshoe-shaped head rest
    - 1002.73A0 Head plate, flat
    - 1002.72A0 Horseshoe-shaped head rest, split
      - 1004.75A0 Wrist support

1130.64X0 Head plate
1130.67X0 Head plate with gas strut assisted adjustment, washable
1130.68B0 Head plate, long, folding down with gas strut, SFC padding, with side rails, Europe
1130.69X0 Head plate with double articulation
1002.74A0 Motor-powered head plate
- 1002.71A0 Horseshoe-shaped head rest
- 1002.73A0 Head plate, flat
- 1002.6200 Head plate, flat
- 1002.72A0 Horseshoe-shaped head rest, split
  - 1004.75A0 Wrist support
- 1003.4700 Head support plate

1.3 For patients weighing up to 135 kg (300 lb)

1150.71X0 Head plate
approved only in conjunction with the 1150.37X0 carbon-fibre back plate for neurosurgery
1130.54B0 Connection bracket
1005.2900 Basic unit
- 1005.25A0 Adapter
- 1002.71A0 Horseshoe-shaped head rest
- 1002.73A0 Head plate, flat
- 1002.72A0 Horseshoe-shaped head rest, split
  - 1004.75A0 Wrist support
- 1005.3400 Clamp adapter for skull clamp
  - 1005.3500 Skull clamp

In addition, the accessories listed under 1.2 are approved.

2. Accessories for the back plate mounting point

2.1 For patients weighing up to 450 kg (1000 lb)

1131.82A0 Joint adapter
- 1150.36A0 Head plate adapter

1131.31B0 Extension segment
1131.31F0 Extension segment
1130.81A0 Head plate adapter

2.2 For patients weighing up to 225 kg (500 lb)

1131.82A0 Joint adapter
- 1133.31B0 Back plate for general surgery, SFC pad, Europe
- 1133.32B0 Short back plate for general surgery, SFC pad, Europe
- 1133.33B0 Back plate for neurosurgery, SFC pad, Europe
- 1150.34B0 Back plate for shoulder operations, SFC pad
- 1150.35B0 Back plate for ophthalmology, SFC pad
- 1150.36A0 Head plate adapter

1131.31B0 Extension segment
1131.31F0 Extension segment
1130.81A0 Head plate adapter

2.3 For patients weighing up to 135 kg (300 lb)

1150.37A0 Carbon-fibre back plate
1132.45A0 Carbon-fibre board

In addition, the accessories listed under 2.2 are approved.

3. Accessories for leg plate mounting point

3.1 For patients weighing up to 450 kg (1000 lb)

1133.53BC Leg plates, abductable, encoded, SFC pads
1133.58BC Single-section leg plate, encoded, SFC pad

3.2 For patients weighing up to 225 kg (500 lb)

1133.53BC Leg plates, abductable, encoded, SFC pads
1133.54BC Leg plate, manually adjustable via 2 joints, encoded, SFC pad
1133.58BC Single-section leg plate, encoded, SFC pad
1133.67BC Carbon-fibre leg plate, abductable, encoded, SFC pad

3.3 For patients weighing up to 135 kg (300 lb)

1130.56D0 Rectal positioning device
- 1003.3300 Knee supports, for fixation on side rails using clamps

1130.63X0 Leg plate with dual-joint abduction, with SFC pad
1130.65X0 Transfer board
1130.50A0 Leg plates, four-section
1130.70A0 Maquetmatic leg plate with SFC pad
1132.65A0 Transfer board
1133.55BC Seat plate extension, encoded, SFC pad
- 1133.53BC Leg plates, abductable, encoded, SFC pads
- 1133.58BC Single-section leg plate, encoded, SFC pad
- 1130.65X0 Transfer board
- 1132.65A0 Transfer board

1131.55B0 Seat plate extension, SFC pad
- 1133.53BC Leg plates, abductable, encoded, SFC pads
- 1133.58BC Single-section leg plate, encoded, SFC pad
- 1130.65X0 Transfer board
- 1132.65A0 Transfer board

1131.55F0 Seat plate extension, SFC pad
- 1133.53FC Leg plates, abductable, encoded, SFC pads
- 1133.58FC Single-section leg plate, encoded, SFC pad
- 1130.65X0 Transfer board
- 1132.65A0 Transfer board

1419.01HC Extension device, encoded
4831.001T Positioning device for spinal surgery

In addition, the accessories listed under 3.2 are approved.

4. Accessories for side rails

1001.62A0 Hand operating table, Europe
- 9092.3214 Padding
- 1001.28C0 Wrist support

1001.44C0 Arm posturing device 300 mm
1001.44D0 Arm posturing device 450 mm
1001.45C0 Upper arm posturing plate
1001.4700 Leg restraint cuff
1001.56A0 Body strap, washable
1001.6000 Arm board, with ball joint adjustment
1001.85B0 Foot plate
1001.92C0 Axilla support, washable
1002.09C0 Shoulder support
1002.19C0 Fixture for body supports
- 1002.11A0 Back-buttocks support
- 1002.11B0 Pubis-sacrum-sternum support
- 1002.11C0 Lateral support
- 1002.11D0 Supporting roll

1002.21C0 Lateral support
1002.24C0 Wristlet
1003.22C0 Standard clamp
- 1002.57A0 Anaesthesia screen, angular
  - 1001.4600 Arm restraint cuff
- 1002.59A0 Elongation tubes for anaesthesia screen, pivot-mounted
- 1005.86A0 Leg holders

1003.23C0 Radial setting clamp or
1003.61A0 Radial setting clamp
- 1002.2000 Thigh holder
- 1002.2300 Leg holders
- 1002.57A0 Anaesthesia screen, angular
  - 1001.4600 Arm restraint cuff
- 1002.59A0 Elongation tubes for anaesthesia screen, pivot-mounted
- 1003.1000 Iliac support
- 1004.2400 Arm supports
- 1005.2300 Cross-bar attachment
  - 1005.2900 Basic unit
    - 1005.3400 Clamp adapter
    - 1005.3500 Skull clamp
    - 1005.3200 Skull pins for adolescents
- 1005.8700 Leg holders
- 1001.65A0 Goepel knee crutch
- 1009.02C0 Meniscus positioning device, radiotranslucent

1003.32C0 Mayo instrument table
1003.3300 Knee supports for rectal position
1004.23C0 Elbow support
1004.8000 Countertraction post for humerus
1004.91A0 Side rail extension
1004.84A0 Knee positioning device, motor-powered
1004.84B0 Knee positioning device, manual
1004.9800 Humerus positioning device
- 1001.4800 Weinberger hand traction device

1009.01C0 Infusion stand

5. Special-purpose accessories

1000.5600	Pad
1000.5700	Head ring, PU foam
1000.5900	Gel head ring
1000.6800	Pad, segmented (for percutaneous kidney operations, spinal column)
1003.7400	PU pad for kidney operations

6. Control units

1009.81D0	Foot switch with the following functions: height, Trendelenburg/rev. Trendelenburg, back plate
1009.81D1	Foot switch with the following functions: height, Trendelenburg/rev. Trendelenburg, lateral tilt
1009.81D2	Foot switch with the following functions: height, Trendelenburg/rev. Trendelenburg, leg plates
1009.81D3	Foot switch with the following functions: height, Trendelenburg/rev. Trendelenburg, longitudinal shift
1133.90A0	Corded hand control
1133.91A0	IR remote control
3 110 26A9	Charging station UK (230 V)
3 110 26B9	Charging unit with cable
3 110 26C9	Charging station Europe
3 110 26D9	Charging units US and Japan
3 110 26E9	Charging unit Europe, US and Japan
1150.95X0	Wall control panel

IX. Spare parts list

You can order spare parts using the numbers listed below. Further information will be found in the spare parts lists.

1. Operating table

Head plate pad 1130.53B0	9093.0104
Pad for upper back plate 1133.31B0	9093.2424
Pad for lower back plate and seat plate 1133.12BX	9093.2383
Pad for extension segment 1131.31B0	9093.0693
Leg plate pad 1133.53BC (always 2 units required)	9093.0204
Mains cable	
for 1133.12 BX (230V)	3113.3659
for 1133.12 BX (110V)	3113.3669
Rechargeable batteries (always 2 units required)	0227.0154

2. Accessories

• Hand control with spiral cable	1133.90A0
• IR remote control	
IR remote control with charging station	1133.91A0
System digits and letters	9801.6234
Cover (for transfer board 1132.65A0)	9082.1223
Control cable with two plugs for foot switch 1009.81DX	0200.4273

Use only spare parts approved by MAQUET.

All notes and technical data in these operating instructions reflect the status at the publication date. Since we constantly strive to improve all MAQUET products, however, we reserve the right to adopt modifications at any time, without prior notice. There might therefore be minor differences between the illustrations in these operating instructions and the product's current design. This will, however, not impar the validity and correctness of these operating instructions as far as instructions and operational sequences herein are concerned.

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